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LECTURES
ON THE
THEORY AND PRACTICE OF MEDICINE;
NOW IN COURSE OF DELIVERY AT THE THEATRE OF ANATOMY AND MEDICINE, WEBB-STREET, SOUTHWARK.

BY

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&c., &c.

TUBERCLE (concluded):—*The relation of tubercle with inflammation; the former not a product of the latter. Relative frequency of tubercle in various organs. Laws established by M. Louis. Signs and symptoms of tubercle; its prevention and mode of treatment. Advantages of sponging the body. Diet. Local remedies. Value of the ammoniacal liniment in incipient phthisis. Great advantage of a sea voyage. Change of air and scene. Quinine.*

GENTLEMEN:—The greater part of my last lecture was occupied with a translation of a MS. from my friend, M. Louis, of Paris. It is a document which cannot fail to excite your admiration. *It is the result of immense labour on the part of a man of unparalleled scientific accuracy, probity, and truth.* I am sorry to observe, that there are profligates in scientific, as well as in pecuniary, matters. From such we turn with ineffable delight to such an elevated and noble example as M. Louis. It is principally from this document that I would draw a few inferences in reference to the question of

III. *The Relation of Tubercle with Inflammation.*

There have been perpetual disputes amongst pathologists upon this question. M. Broussais asserts the affirmative; M. Louis the negative; and physicians generally are divided in their opinions upon this point; in a word, it has been distinctly seen that there is a connection between tubercle and inflammation, and yet the real nature of that connection has not been detected.

I think it will appear obvious to you, from the facts which I shall now adduce, that tubercle is *not* a simple *effect* of inflammation. I think it will be equally obvious that tubercle is *not*, in its pristine condition, a *cause* of inflammation. What, in fact, are the signs of inflammation? Redness, tumour, enlarged capillaries, and minute arteries, effusion of serum, effusion of lymph. Do these phenomena, or any of them, uniformly attend the development, the existence of tubercle? I believe not.

Nay, the very commonest results of inflammation,—the effusion of serum, or of lymph, do not take place at the moment that tubercle is deposited, or during the crude state of this morbid deposit. It is true that tubercle is described as being sometimes *encysted*. But in the whole course of M. Louis inquiries he found encysted tubercle but *once!* In addition to this fact I may observe, that the bronchial tubes, the cellular texture of the lungs, adjacent to crude tubercles, and the pleura covering them, do not display any marks of inflammation. The first are free from redness or other inflammatory affection of their mucous membrane; the second is free from consolidation; and the last from the deposit of albumino-fibrine, or lymph.

I may, therefore, conclude that the formation and presence of tubercles are unattended by the usual effects of inflammation. What, then, *is* the relation between these two pathological conditions?

Tubercle, when quite crude and simple, has *no* connection with inflammation. It is only when tubercle begins to *soften* that it becomes as a *foreign body* in the economy, *exciting*, like a thorn in the cutaneous, or like a bullet in the muscular, textures, or like the pus of an ordinary abscess, inflammation with its train of consequences. Tubercle induces inflammation as it softens; it induces the adhesive and the ulcerative ulceration; it induces the formation of a cyst, lining the cavity which it leaves; these cavities are covered by firm layers of lymph deposited upon the surface of the pleura. The process of ulceration proceeds, and sometimes we have even *perforation*.

The bronchial tubes adjacent to *tubercles*

are pale, and uninflamed; the bronchial tubes continuous with tuberculous *cavities* are red, and affected with inflammation.

The pleura over *tubercles* is free from adhesions, free from the effects and evidences of inflammation; the pleura over *cavities* is defended by layers of albumino-fibrine, firm, diffused, and sometimes of a cartilaginous hardness.

And now, Gentlemen, I think you perceive clearly the true relation between inflammation and tuberculous disease. Tubercle is deposited, from the influence of *constitutional* causes, and is neither *effect* or *cause* of inflammation. Softened tubercle is a foreign body, and the exciting cause of inflammatory processes, in the same manner as ordinary pus; the case of perforation is precisely that of the progress of abscess; it is a less frequent event than it would otherwise be, on account of the firm layers of lymph deposited by another inflammatory process upon the superjacent pleura. Through these layers of lymph softened tubercles do occasionally penetrate, however, like the pus in ordinary abscess, and have passed into the sac of the pleura, and even to the external surface of the thorax.

I must now introduce another interesting topic to your notice in reference to tubercles; it is that of

IV. *The Diffusion of Tubercle.*

Whilst inflammation is frequently, nay, generally, confined to one texture, organ, or cavity, tubercle is apt to be diffused—to affect several textures and organs at the same time.

The degree of frequency in which tubercles occur in the different organs, is represented in the following table of M. Louis, which is founded upon 358 post-mortem examinations. Tubercle existed in the

Lungs	in ALL the cases except one
Small intestine	.. one third
Mesenteric glands	one ninth
Large intestine	.. one fourth
Cervical glands	.. one tenth
Lumbar glands	.. one twelfth
Prostate	.. one thirteenth
Spleen	.. one twentieth
Kidneys	.. one fortieth
Cerebrum, Cerebellum, Spinal Marrow, Uterus, Urethra	..one case only.

This table is full of interest, and deserves to be carefully studied: it is only in the lungs that tubercles exist alone.

The *left lung*, and the *upper lobe*, appear to be the most prone to the development of this disease. In seven cases, observed by M. Louis, in which the tubercles were confined to one lobe, they existed in the left lobe alone, in five; in the right, in two only. The grey granulations, tubercles, cavities, are all more frequent, numerous, and advanced, in the entire upper lobe, than in the lower lobe, but especially at its apex; the former is sometimes impermeable to the air, whilst the latter is still subservient to respiration. In 38 cases, M. Louis observed this fact 28 times in the left lung, and 10 times only in the right. In 8 cases of perforation of the pleura, 7 were also observed in the left lung.

There are several questions of considerable interest still to be determined by future observation: a first is, in what proportion of the cases of phthisis are the tubercles confined to the lungs? a second, in what proportion of cases of tuberculous affection, is the disease predominant in the mesenteric glands? a third relates to the proportion of cases in which tubercle is diffused over many organs, surfaces, cavities, &c.

I shall now briefly state an important law, and some important facts deduced by M. Louis from his observations upon this disease:—

1. M. Louis has ascertained, from the analysis and comparison of 358 cases, of which 127 were cases of death from phthisis, and 40 from other diseases, that tubercles never occur in any organ in the body after the age of fifteen, except in cases in which they also exist in the lungs.

2. A second deduction of M. Louis is, that ulcerations of the epiglottis, the larynx, or the trachea, are not observed in any chronic disease, except phthisis (tubercles) and syphilis.

3. A third deduction relates to the existence of ulcerations of Peyer's glands, which are only found, in chronic diseases, in connection with tubercles in the lungs.

4. A similar deduction relates to chronic peritonitis, chronic from the beginning.

5. A fifth deduction from the observations of M. Louis is, that the affection termed fatty liver, is almost exclusively a complication of pulmonary tubercle.

Such are the results of the original researches of M. Louis; they relate to ages beyond that of 15. M. Lombard has pursued the inquiry in reference to infancy and the earlier periods of life:—

1. Tubercles are very rare in the fœtus, and in the early months after birth.

2. They become rather more frequent towards the age of four years; and exceedingly so from four to five.

3. They again become less frequent after the age of five years to that of puberty.

4. After puberty, tubercle again becomes more frequent, but in the lungs only.

It is further ascertained that tubercles are more diffused, and more frequently occur in other organs, without affecting the lungs, in infancy than in adult age.

They also exist in the various organs in a different proportion; out of 100 cases, for in-

stance, tubercles occurred in the mesenteric glands in 31, and in the intestines in 9.

M. Andral has deduced from his own observations that men are more subject to tubercles from the age of 21 to that of 28, while females are more exposed to this disease before the age of 20.

M. Andral observes that after puberty the term tubercle becomes nearly synonymous with phthisis. I have, however, traced the symptoms and appearances of tuberculous disease in the abdomen, in many cases after the age of 15, and especially between that period of life and the age of 25. In one interesting case, the patient was 35.

There is one other observation which I have made: I have seen phthisis in several members of one family, and abdominal tubercles the predominant disease in those of another. So that not only the disease, but its form and seat, would appear to be derived from hereditary tendency.

I now proceed to treat of the

V. *Signs and Symptoms of Tubercles.*

The *signs* of external tubercle are, principally, insidious and slow inflammation, suppuration, and ulceration, followed by a red, indented cicatrix, and situated—1, in the absorbent glands,—of the neck, the groins, &c.; 2, in the joints,—of the wrist, the ankle, the elbow, the knee, &c.; and 3, in the bones,—of the finger, the arm, leg, &c.

The further signs of this disease are those of the tuberculous *diathesis:* the tumid, cracked lip; the red, denuded eyelid; the florid complexion; the precocious mind, &c; or similar appearances in other members of the family.

The *symptoms* of tubercles are very peculiar, and have not been sufficiently noticed by practical writers.

Before the stethoscope can detect the existence of tubercles in the lungs, the constitution of the patient frequently takes the alarm, and the functions of the circulation and of the respiration become slightly accelerated, or are easily hurried. I have frequently observed that, with a complexion which is apt to alternate between the pallid and the vivid, there is a degree of sensitiveness to cold, of susceptibility of the effects of heat, of breathlessness on moving quick or ascending a hill or staircase, and of cough; this cough is frequently slight, hacking, and dry, and scarcely or not at all observed by the patient or friends. In other cases, and especially in females, the countenance is pallid, with the slightest waxen or lemon hue, a tendency to blue lividity observed in the lips and at the roots of the finger nails, and a disposition to coldness of the extremity of the nose, the ears, and the hands and feet. These changes are frequently so insidious that they are apt to be first observed, not by those who are in the daily habit of seeing the patient, but by some one who sees him after a certain interval and is struck by the change.

Even at this early period I have frequently found, on inquiry, that the catamenia have ceased. And I would observe, that this cessation of the uterine discharges is generally, or at least frequently, complete at once; unlike the case of disorder of the general health, in which the flow becomes very slowly paler and more scanty, and, except in chlorosis, not ceasing altogether, and even in that disorder, generally very gradually. This is the more remarkable because the condition of the uterus, under the influence of tuberculous disease, is one of great proneness to conception, a change which has, in its turn, a reflex action in arresting the progress of the tuberculous affection.

The fever which accompanies phthisis, like other symptomatic fevers, and unlike all pure and primary fevers, is frequently unattended by muscular debility, or by affection of the head, or of the digestion. There is no headach or vertigo, and the patient often continues to walk or to ride to the last. There is a degree of feebleness and stooping observed in the gait, very early in the disease; and this remains little augmented, until the colliquative perspiration or diarrhœa bring with them their own debility and emaciation.

Tuberculous disease in the abdomen is greatly characterised by three symptoms:—1, great tendency to coldness and lividity of the extreme parts of the body; 2, a frequent pulse; and 3, slow but progressive emaciation.

The aspect of the countenance is altogether peculiar, especially in cold weather, together with an obvious emaciation and expression of languor and disease; the end of the nose is livid in colour, and cold to the touch; and there is, in general, either paleness or a slight degree of flushing.

Similar observations may be made respecting the general surface. There is emaciation; the skin is soft, and apt to become moist, and there are generally perspirations during sleep, especially in the early part of the morning; to prevent this perspiration the patient frequently endeavours to keep awake; there is an undue sensibility to cold observed on the slightest unexpected exposure,—as the opening of a door,—and the patient usually creeps over the fire; sometimes I have observed the back of the hands, and the fore part of the legs, to assume a peculiar brown colour, from being burnt by this constant exposure to heat; the hands and fingers are apt to be extremely livid and cold.

The mode of walking is peculiar, being attended by stooping, weakness, and caution. The pulse is always frequent, and generally regular. It is earlier and longer frequent, in tuberculous affection of the ab-

domen, than in that of any other cavity. I have known the pulse to be between one hundred and one hundred and twenty for several years. The emaciation in tuberculous disease of the abdomen is uniformly, but very slowly, progressive. It is accompanied by a state of unvaried debility; and in the latter periods of the disease, by some œdema, generally observed more in one leg than the other. The catamenia simply become scanty, or cease, without undergoing the changes observed in some cases of disorder of the general health. There are altogether a peculiar appearance of the countenance, a peculiar mode of walking, and a peculiar attitude and manner in general, all denoting debility and great disease; if to these be added the peculiar sensibility to cold, and tendency to coldness and lividity of the extreme parts of the body, the very gradual emaciation, and the habitual frequency of the pulse, it is scarcely possible to mistake the nature of this disease.

Tuberculous affection of the encephalon, can, I believe, only be suspected, and distinguished from insidious inflammation, or the slow formation of tumours, by observing the concurrent existence of tubercles, or of some other strumous affection, in other parts of the body. Or, if there do exist symptoms which distinguish this morbid affection within the head, they have not hitherto been noticed with accuracy. It is in the case of suspected tubercles of the encephalon, or spinal marrow, that the law ascertained by M. Louis is so valuable: are there signs or symptoms of tubercles in the lungs? According as this question is answered affirmatively or negatively, is the probability that the case is one of tubercles of the other organ.

I must now beg your attention to a few observations upon

VI. *The Prevention and Treatment of Tubercles.*

This question is one of the deepest interest. That tuberculous formation has been prevented in some instances, and that it has been cured in others, is undoubted. The principles upon which these events have been effected are,—

1. The removal of the *causes*.
2. The correction of the *diathesis*.
3. The *local* treatment.

The modes of avoiding the causes of tubercles will be readily understood, by reverting to the enumeration of those causes which has been already given.

The cold, damp, soil, or air, the insufficient food, clothing, exercise, air, diet, light, &c., are to be exchanged for the opposite order of things.

The second object seems to be best accomplished by the free exposure to the country air, or sea breezes; by first stimulating the general surface of the body by sponging with salt-water, and using a coarse towel, and then by protecting it by flannel and proper clothing; by keeping up tone and strength of the system, by an animal diet, regular exercise without fatigue, early hours, by frequent journeys, voyages, change of scene, total change of abode, &c.

For the sponging I advise an ounce of common salt to be dissolved in one pint of water; with this the patient is to sponge the whole surface of the body, using it warm in winter, tepid in spring and autumn, and cold in summer; a very coarse towel is then to be used actively, so as to induce a general glow of warmth over the system. The *feet* may be rubbed last, until they glow. The towel may be dipped into such a solution of salt, and be allowed to dry, before it is used.

The sponging is to be repeated every morning; it may also be repeated, *as the most effectual remedy for the colliquative perspirations of tuberculous patients*, in the night, or early part of the morning. After this the patient may remove to another bed, and will frequently pass the remainder of an otherwise wearisome night, in a comfortable and refreshing sleep.

The general surface should be protected by flannel,—waistcoat and long drawers; the upper clothing must vary with the season.

The diet should consist of mild animal food.

Travelling, or the sea breezes, or, best of all, a sea voyage to the West Indies, constitute the most important remedy in incipient tubercle. The change, the tonic air, the milder climate do good. Would it were possible to accomplish these things for our pauper patients. I do think that if we could convey our patients to a large ship at sea, and leave them there for a time, instead of landing them upon a heated island, much good might sometimes be accomplished. Such an enterprise is worthy of a great nation's attention.

In addition to these plans, the frequent, or steady, use of the quinine appears to me to be of great efficacy.

In regard to *local* remedies, I must observe that they are principally useful when applied to the thorax. In incipient phthisis I have found two such remedies of great advantage. The first is an ammoniacal *liniment*, the second the alcoholic *lotion*.

The liniment should be well applied, for half an hour, night and morning.

The lotion should be applied across the sub-clavicular regions, in small quantity, every half hour.

As I would not excite hopes which may not be realised, I can only further observe, that of all the *remedies* in phthisis, I consider the liniment and the lotion as the most

important. For the tuberculous diathesis I believe *the sea* to be the principal remedy.

This subject will come under our notice once more, when I speak of *phthisis*, and will then be treated at much greater length.

LECTURES
ON
MATERIA MEDICA AND THERAPEUTICS;
NOW IN COURSE OF DELIVERY
AT THE
WINDMILL-STREET SCHOOL OF MEDICINE
BY
GEORGE G. SIGMOND, M.D.

MERCURY (continued):—*Salts formed by a combination of chlorine with mercury. The hydrargyri chloridum, and its various names. Inutility of changing chemical denominations; errors in practice thereby produced. Methods of preparing the two chlorides of mercury. Poisonous effects of the hydrargyri bichloridum; its antidote; doses in which it should be employed; its value in several diseases. Calomel, its properties and uses; immense doses given in warm climates. Unexpected effects of calomel on some constitutions; action on the liver and intestinal canal. Plummer's pill.*

GENTLEMEN:—The two salts formed by the combination of chlorine with mercury, are those to which I shall at present call your attention, because they are the most important preparations of that metal which are employed, and have been the subject of the most earnest investigations both by chemists and by physicians. *Hydrargyri chloridum* of the present Pharmacopœia is the *submurias hydrargyri*, the *murias hydrargyri mitis*, the *mercurius dulcis sublimatus*, the *calomelas*, the *protochloridum hydrargyri* of other pharmacopœias, and the well known *calomel* in common acceptation; it is composed of one equivalent of mercury and one equivalent of chlorine. The *hydrargyri bichloridum* is the *hydrargyri oxymurias*, the *hydrargyri muriatus*, the *mercurius corrosivus sublimatus*, the *deuto-chloridum* of different pharmacopœias, and the *corrosive sublimate* of the old English dispensatories, and is composed of two equivalents of chlorine and one of mercury. Nothing can be more injudicious than the great number of alterations which have taken place in the nomenclature of chemistry, and no salts have undergone such a variety of changes as these have done, to the great inconvenience of medical science and to the detriment of society. Professor Brande has very properly observed,—"It is very inconvenient to alter pharmaceutical terms, according to the changes in chemical nomenclature; and as physicians in practice have not come to accord on this particular, I can see no objection to the term *calomel* for one substance, and corrosive sublimate for the other, pharmaceutically speaking." It is a subject of great regret that the attempt should be made, because it can never be successful; for some chemists call calomel *protochloride*, others *chloride*, and some denominate sublimate, *perchloride*, others *deutochloride*, and others again,—as does the Royal College of Physicians,—*bichloride*. As physicians have not yet generally made the alteration in their prescriptions no accidents have as yet occurred; but I shall not be surprised, notwithstanding the increased intelligence of those who make up medicines, if mistakes be made. In Paris, a physician prescribed four grains of the protochloride for three children, the eldest of whom was seven years of age; the apprentice committed the fatal error of using corrosive sublimate, the consequence of which was, the unhappy father was, in one day, rendered childless. The young man, who was thus the instrument of death, was sentenced to a month's imprisonment, and condemned to pay 2000 francs to the father. Nor did the master of the youth escape punishment, for he was ordered to pay the same sum to the father, and likewise a penalty of fifty francs for not keeping a poison under lock and key. But, in Brussels, a still more extraordinary circumstance took place. Dr. Sentes, a physician of very high character and long standing, prescribed for the child of a friend in this manner:—*Murias hydrargyri*, gr. iij. The apothecary, on whom Dr. Sentes called, made up a packet containing three grains of corrosive sublimate, and he himself placed it in the hands of the doctor, making no observation. The latter gentleman mixed the powder with syrup, and gave it to the child, whose death it produced, with all the symptoms usually attendant upon this poison. The family prosecuted the physician, but the court at Brussels declared that there was no cause for proceedings. On the appeal, however, of the Attorney-General, the affair was referred to another tribunal, and M. De Fontenelle, of Paris, was appointed to decide what is the *murias hydrargyri*. In some of the older dispensatories, calomel was called the mild muriate, in contradistinction to the corrosive. It was expressed, *hydrargyrum muriatum mitius*, whilst the corrosive sublimate was called *hydrargyrum muriatum*. You may imagine that carelessness might produce mischief in prescribing and omitting the word mitius; but what are we to think of the care and accuracy of the learned men of the day, if there was actually an edition allowed to go out to the profession with the omission of this most import-

ant word? Such, however, is recorded to have been the case.

The alchemists, in their vain attempts to discover the philosopher's stone, made various experiments with the spirit of sea-salt, the hydrochloric acid of the present day, upon mercury, and they discovered and gave descriptions of the two preparations upon which pharmacologists afterwards made their various experiments. Bergmann examined them with great minuteness, but he arrived at no sound conclusions; he neither ascertained their chemical constitution, nor did he comprehend the difference between them. It is to the French chemist, Berthollet, we are indebted for the knowledge we possess of their distinctive characters, and the state of combination of the acid and the metal; it is upon the oxide of the metal, and not upon the mercury itself, that the acid exerts its power.

Various have been the processes for forming these two salts. Bergmann has described a great number. The present formula of the Pharmacopœia is founded upon the old process of Kunckel, which was revived by Boulduc, and is said to afford the purest bichloride of mercury. It is thus given:—Take of mercury two pounds, sulphuric acid three pounds, chloride of sodium a pound and a half; boil the mercury with the sulphuric acid in a proper vessel, until the bipersulphate of mercury remains dry; rub this when it is cold with the chloride of sodium in an earthen mortar; then sublime with a heat gradually raised. In this instance, after the sublimation of the bichloride of mercury, pure sulphate of soda remains only at the bottom. Fourcroy has pointed out other preparations, such as the one from the mixture of equal parts of sulphate of iron and chloride of sodium, acted upon by violent heat, which is still followed in the large manufactories of Holland; another, which is very quickly performed, and does not expose the persons employed to the danger from vapour, is the pouring hydrochloric acid upon a nitric solution of the metal and evaporating the liquor; the acid of the nitre disengages itself in the form of vapour, and the liquid, when cooled, deposits regular and pure crystals of corrosive sublimate. These are in form of a number of needles lying close to each other, appearing to be tetrahedral and compressed. There seem to be various shaped crystals obtained, but Mr. Phillips says, the cleavages in the crystals of this substance are parallel to the lateral and to the terminal planes of a right rhombic prism of 93 deg. 44 min., which, therefore, may be regarded as the primary form. Physicians and chemists have compared the terminal points to the beards of feathers and to sword blades, and explained the effects of corrosive sublimate upon the animal economy by their mechanical action; and Dr. Mead thus gives his theory:—"These crystals are to be considered as so many sharp knives, or daggers, wounding and stabbing the tender coats of the stomach, and abrading their natural mucus, and irritating their nervous liquor, upon which convulsions and vomitings, with excessive pain, must follow, and the blood vessels being at the same time parched, all the adjacent parts will be inflamed." It liquefies by heat; it possesses a considerable degree of volatility, from which circumstance, and its corroding power, it received the name of corrosive sublimate. It is completely soluble in water and in sulphuric æther. The notes of the Pharmacopœia observe, "that whatever is thrown down from water, either by solution of potash or lime water, is of a reddish colour; or, if a sufficient quantity be added, it is yellow: this yellow substance, by heat, emits oxygen, and runs into globules of mercury. Its composition is not changed by the action of air, but it loses upon exposure some degree of its transparency, becomes white, opaque, and pulverulent. If placed upon the tongue, it has a *styptic*, strong, and even horrible taste, leaving for some time a most disagreeable sensation in the mouth. If this be propagated to the fauces and larynx there is a strangulating sensation which remains for a considerable length of time; so that no one could swallow it in any form capable of irritating the stomach without being aware of it; hence an attempt to poison by it must at all times be known.

The immediate sensation thus conveyed, has, indeed, upon more than one occasion, prevented fatal consequences, and this was the case with the celebrated chemist Thenard, who, whilst delivering his lecture, inadvertently swallowed a small quantity of a solution which he mistook for water contained in a similar glass, from which he was in the habit of refreshing his mouth. He immediately perceived his error, and as it was a concentrated solution of corrosive sublimate, great alarm was excited; but as the discovery of Orfila had been recently made of the power of white of eggs as an antidote, he immediately procured some, and was fortunate enough by such means to escape injury. A similar case is recorded where a gentleman, by mistake, drank a portion of an alcoholic solution of the mineral, but was so alarmed at the taste that he did not finish it. He was, however, seized with a sense of tightness in the throat, burning at the stomach, and purging. Orfila saw him two hours afterwards, when the symptoms had acquired the greatest severity; they were, however, mitigated, and the patient ultimately saved by the administration of the white of egg, which converts the corrosive sublimate into calomel. Peschier states, that the white of one egg will render no less than four grains of corrosive sublimate in-

noxious. The action upon the stomach and intestines of this violent poison is of the most distressing and agonising character, and hence this warning of danger becomes of the greatest consequence. The sensations in the throat and gullet, and the constriction, are almost diagnostic symptoms, and they sometimes continue throughout the stages, and mortification of the throat has been known to be the principal injury sustained, where attempts have been made vainly to swallow this salt in its solid state. The intestinal canal exhibits, after death, the ravages that have been committed; they are corroded, rendered sphacelous, and parts which have been touched by it fall off in gangrenous sloughs. The older chemists, who were fully acquainted with the terrible effects of this preparation, ascribed, without reason, its power to the presence of the hydrochloric acid. For the best details of the poisonous influence of corrosive sublimate, and for the destructive characters by which you are to judge of the power you possess of discriminating it from arsenic or from the hydrochloric acid, I must refer you to the best book in our language upon poisons, that of Dr. Christison, which is the text-book for any course of lectures on medical jurisprudence embracing the important branch of toxicology.

The usual dose which practitioners employ is at first the eighth of a grain, which has been increased to a quarter of a grain, and it is generally given in the form of a pill made with crumb of bread; it is likewise given in solution, and there is in the Pharmacopœia a solution of bichloride of mercury, the liquor hydrargyri bichloridi, which is composed of ten grains of the bichloride, and a similar quantity of hydrochlorate of mercury dissolved in a pint of distilled water, so that each ounce contains a half a grain of the salt; in the former directions spirit was ordered to be added, but the muriate or hydrochlorate of ammonia is now preferred for increasing the solvent power of the fluid; the dose of this is from half a drachm to two drachms. Some people are so exceedingly sensitive that a very minute quantity of this preparation will produce the most alarming symptoms; it, therefore, demands very great care and attention in prescribing it. Three grains of corrosive sublimate, divided into three doses, and taken at long intervals, have been the cause of profuse salivation; at the same time recovery has taken place from actual poisoning, where enormous doses have been taken; it is recorded that as much as half an ounce was swallowed, that both bloody vomiting and purging ensued, but that the individual escaped with life. The very extraordinary property possessed by the bichloride of mercury of entering into union with liquid mercury was very early known to the alchemists, but the preparation which is the result, and which I have now to speak to you of, under the name of *chloride of mercury* or *calomel*, was not known, as it has been stated, to Paracelsus, although it has been called his laudanum. There were two laudanums called after that extraordinary man, one was redoxide of mercury; the other composed of chloride of antimony and other ingredients; the recipe is extant. Which of the two was the one that has obtained the great reputation I know not, but its character was owing to a cure effected by him, and loudly spoken of throughout Europe. Albertus Basil, physician to the King of Poland, consulted Paracelsus, when he was Professor at the *University of Basle*, upon the case of a patient. The Professor went to his bed-side, and found him in the last stage of exhaustion, and the Polish physician declared it impossible to keep him many hours alive. Paracelsus gave the dying man three drops of his laudanum, and invited him to dine the following day, to the great astonishment of the persons surrounding him. The invitation was accepted, and the patient actually dined with his physician. The preparation of the mild muriate, or chloride of mercury, was kept a profound secret. Oswald Crollius, a Rosicrucian of great enthusiasm, boasts in his "Basilica Chemica," that he can keep the secret concealed; Angelus Sala seems to have been acquainted, however, with it, and speaks even of its medical properties; in 1608 Beguin, in his "Tyrocinium Chemicum," describes it with great accuracy, and calls it *draco mitigatus*. It appears to have obtained a vast variety of names; it is said to have been called calomel, from the Greek word signifying handsome black, as it was prepared by a black slave of singular beauty; it was also named "draco mitigatus," "aquila mitigata," from the mildness which it was supposed to communicate to corrosive sublimate, the draco ferox. It was also known under the names of "manna metallorum panacea," "panchymagoga quercetani."

To Baume, Bergmann, and to Scheele, we are indebted for the complete exposition of all the most important chemical and pharmaceutical knowledge that we possess regarding this most useful medicinal agent. When mercury is triturated with the bichloride of mercury the liquid mercury quickly disappears; the salt that is the result of the operation assumes a blackish-grey colour; if sublimation take place more than once a chloride of mercury, with the metal at a minimum of oxidation, is obtained. Sometimes the number of these sublimations was very great; our pharmacopœias ordered two, but other processes have been substituted, for this trituration and sublimation were tedious operations, and were attended with very many inconveniences, more particularly from an acrid dust to which the

workmen were exposed, notwithstanding every precaution was used by placing different kinds of veils over the face; and our present Pharmacopœia directs the following process:—Take of mercury four pounds, sulphuric acid three pounds, chloride of sodium a pound and a half, distilled water as much as may be sufficient, boil two pounds of the mercury with the sulphuric acid in a proper vessel until the bipersulphate of mercury remains dry, rub this when it is cold with two pounds of mercury in an earthern mortar, that they may be perfectly mixed, then add the chloride of sodium, and rub them together until globules are no longer visible, and sublime; rub the sublimate to very fine powder, and wash it carefully with boiling distilled water, and dry it; this forms a whitish powder, which, on the addition of potash, becomes black, and then, when heated, runs into globules of mercury; it is also vaporised by heat; the distilled water with which it has been washed, or in which it has been boiled, gives no precipitate with nitrate of silver, lime-water, or hydrosulphuric acid.

The characteristic properties of the chloride of mercury are essentially different from those by which the bichloride is recognised. It is almost tasteless. It has a faint, yellowish-white colour, but by long exposure to the action of light, it assumes a blackish cast. It is luminous and phosphorescent when rubbed in the dark. It has scarcely any smell. It is generally seen in the shops in the form of a heavy powder, but crystals are sometimes obtained in tetrahedral prisms; occasionally there are two quadrangular pyramids formed, base to base, so as to make a very long and pointed octahedron. In mass it forms compact, translucent, shining cakes. It is insoluble in water. It is much more difficult of volatilisation and sublimation than the bichloride. The consumption of calomel in this country is very great, and large quantities are likewise exported to the East Indies; it is manufactured upon a large scale at Apothecaries' Hall; and the sublimation, owing to the management of Mr. Hennel, is performed with great nicety and care. The vessels are large, and made of good conducting materials, so that the calomel falls down in an impalpable powder, like a shower of snow, and then only requires washing and levigating to obtain it in a state of minute division.

Calomel possesses medicinal powers of the most important kind; it is a moderate laxative when given alone, and when employed in combination with other drugs it becomes an active purgative. It has been classed by the authors on materia medica as a sialagogue, as an expectorant, as a cathartic, as an emenagogue, as an alterative, and as a tonic; and no remedy with which I am acquainted has been more largely employed in the greater number of diseases. Indeed, I need only refer you to the "Thesaurus Medicaminum," or the "Practical Synopsis" of John Pearson, that you may judge of the estimation in which it has been held, from the long catalogue you will there find of disordered states in which it has been prescribed by medical men. Its doses have varied in the most extraordinary manner; and on looking over medical writings you will be surprised at the great discrepancy of opinion upon the quantity to be employed; yet from the most experienced practitioners, I think you will draw the inference, that in the greater number of cases, where your object is to produce a gentle, but at the same time serviceable, action on the bowels, three grains will suffice. A less dose causes irritation in the alimentary canal, and without some other medicine be employed, a quantity of biliary secretion is produced, which remains in the system, rather harassing than in any way benefitting the individual's case. In a dose of five grains the chloride of mercury may generally be looked upon as exciting a degree of irritation in this country; yet some of our most distinguished medical men have in India, not only harmlessly, but with considerable advantage, administered scruple doses, three or four times in the course of the day. I would have you read with attention the works of Dr. James Johnson, on "Tropical Climates," and Annesley on the "Diseases of India," for further illustration of this subject. Unacquainted as we are with some of the frightful maladies of the East, which so rapidly run their career, we cannot properly estimate the value of the practice, but from the concurrent testimony of practitioners, who almost unanimously agree upon the excellence of the principle of giving very large doses, until an immense quantity must have been collected in the intestinal canal. This plan of treatment has been attempted to be introduced into this country, but it has not met with much encouragement. In the United States, however, the practitioners have even surpassed our brethren in India; they have given one, two, or three drachms, for bilious fever, three or four times daily, for some successive days. In one of the American journals is a case in which eight hundred and forty grains were administered in the course of eight days; the largest dose was three drachms, and even then no evacuation was produced until an injection had been given.

The great success that attends these doses in tropical dysentery is evident from the works and from the cases of various authors related in the different periodicals. Thus Mr. Power's cases in the third volume of the "Medico-Chirurgical Review," are very instructive. Scruple doses were given three times a day, in nine instances; no other mode of treatment was pursued ex-

cept in one instance, where venesection was had recourse to; a quarter of a grain of opium was generally added. The calomel in a short time brought on ptyalism without hypercatharsis, or any distressing symptom supervening; on the contrary, it seemed to have rather a cooling and sedative influence.

It seems that some of the older European physicians ordered calomel in very large doses. Amongst these, Horstius recommends a scruple or half a drachm "to attenuate the viscid humours." Sylvius ordered it in the same dose as a purgative. Dr. Friend, Juncker, and Geoffroy, are also in favour of such quantities. Dr. Wright, in the year 1794, said that he had been in the habit of giving scruple doses since 1760; but it is to Dr. James Johnson that the promulgation of this mode of treatment of dysentery and hepatitis is to be ascribed. Dr. Cartwright, in the United States, treated syphilis with doses of equal magnitude. Mr. Cunningham, a surgeon in the Navy, likewise published cases thus treated. It has been said that these large doses purge less than smaller doses; that all the organs are preternaturally excited, and therefore the profuse secretion from the liver does not take place, whilst smaller doses produce great excitement of that organ; that still smaller doses, if they do not produce secretion, act on the system as a morbid irritant, and occasion mercurial fever, which Nature removes by an increased secretion of the salivary glands. That fatal occurrences have been the result of such doses of calomel there can be but little doubt; and Hoffman has given in "De Medicamentis Insecuris et Infidis," two cases in which fifteen grains of the chloride of mercury were sufficient to destroy youths between the ages of twelve and fifteen. In one instance the stomach attempted by vomiting to rid itself of the poison, the hands and feet began to tremble, great uneasiness and anxiety supervened, and on the sixth day death took place. The other died after suffering from great anxiety and from vomiting of a black matter. The case mentioned in the "German Ephemerides," which terminated in twenty-four hours, after profuse diarrhœa, was the result of half an ounce swallowed accidentally. Dr. Christison has, however, asked whether the violent effects described by Hoffman and Ledelius may not have arisen from the calomel having been imperfectly prepared and adulterated with a little corrosive sublimate.

There are some inaccurate stories of calomel proving destructive. Thus, Dr. Sintalaer, in a very curious work published in 1709, entitled "The Scourge of Venus and Mercury," (and which was the book that first excited Dr. Thomson of Edinburgh to investigate the history of the venereal disease), after declaiming against mercury and its preparations, says,—"Dr. Harvey tells us a story of an apothecary who gave three children a dose each of mercurius dulcis against the worms, and they all died on the same day:" but there are no accounts of any such cases to be found well authenticated in later days. On the continent great attention, both in France and Germany, has been paid to the purity of calomel, and to the difficulty that ought to be made in giving corrosive sublimate to any individual who wishes to purchase it. A medical police watches over these points, and such an establishment is become indispensable in this country, where so many fatal accidents have from neglect occurred.

As I shall hereafter have frequent opportunities of discussing the powers of the chloride of mercury, as a laxative and a purgative, I shall not now make many observations on it in this point of view; but there are some circumstances connected with the functions of the stomach, the assistant digestive organs, and the intestinal canal, to which I must, for a moment, invite your attention. I must observe, that I wish you to recognise the distinction that has been universally acknowledged between laxative and purgative medicines, the first which merely empty the bowels of such fæcal contents as may already be lodged there, whilst the second class have the power of inducing a still further increase of the quantity, and of stimulating the vessels to pour forth more excrementitious matter. Now the chloride of mercury will, according to the dose in which it may be given, produce either of these effects, but it is the biliary secretion that is most augmented, and this is particularly marked by an alteration in the colour and the odour of the fæces. All the preparations of mercury, more or less, have this influence, and patients who have, for a length of time, excreted only blackish and unhealthy looking dejections, discharge them of a yellow hue and of a different odour after a few grains of calomel or of blue pill. The odour is oftentimes rendered more disagreeable, and a change takes place in the gases that are developed. The colour depends upon the kind and quality of the bile secreted by the liver; and where any obstruction takes place, the stools are pale or whitish. The bile itself is of a deep yellow brown colour, and, as Abernethy has observed, it is like wetted rhubarb; if either of these substances be put into a large quantity of water, they will dye it of a bright yellow colour, which is actually the colour of these substances, yet it is so concentrated in the mass as to appear of a deep brown. Green bile is ordinarily the result of disordered function, although it has been occasionally found in the gall-bladder, where the liver is in a perfectly healthy state. Vegetables frequently give their colour to the fæces. The peculiar fætor of the residue of the alimentary matter is

acquired in the large intestines; and if the small intestines at their termination, and the large intestines at their beginning, be examined, there will be found almost a line of demarcation; to what this is owing we are at a loss to say. It is not alone a chemical decomposition that occurs, but the animal economy imparts a peculiar change. The examination of the fæces has been but little prosecuted; although a subject of some interest, it is one that requires great enthusiasm in the cause of science, and very little delicacy of the sense of smell, nay, the very perusal of some authors' inquiries is nauseating.

Lavoisier wrote a memoir on the nature of the aeriform elastic fluids, which are disengaged from certain animal substances during fermentation; his experiments prove that human excrement emits, at the temperature of 60 degrees, a gas, a mixture of eleven parts carbonic acid gas, and one part of an inflammable gas, which burnt with a blue flame, and was, therefore, probably carbonic oxide gas; the experiments of Thenard and Dupuytren prove, however, that sulphuretted hydrogen is likewise exhaled from human fæces collected in large quantities. The changes that take place out of the body by the action of the human air, appear to be very rapid. Fresh fæces do not effervesce with dilute sulphuric acid, but old moist fæces do, and emit the volume of carbonic acid gas which they at first do. The chloride of mercury appears to exercise over the action of the large intestines some power, as the gaseous exhalations materially differ when it has been employed, and this is particularly striking in children, the odour of the dejection being very materially influenced in them, and much more offensive fætor being the result, and this, in general, is a proof of the due action of the medicine, for the system, previously disordered, appears thus to rid itself of a deleterious agent.

Whether the extrication of the different gases be natural to the human body, or whether it be the result of our artificial habits of life, I will not presume to say. It is stated that our living on animal food is the cause of the greater number of the diseases to which man is subject, and that it also imparts to that which is excreted from man, the offensive odour; and certainly many animals that are herbivorous are inoffensive on that point, whilst carnivorous animals are the reverse; and some philosophers have entered upon some curious speculations arising out of these circumstances. Rousseau, indeed, draws a conclusion, that man is not calculated for the social state because his excretions, his effluvia, and his emanations, are destructive to his fellow creature. Whatever may be the means by which the inflammable air be extricated from the intestines, certain it is that great indications of the nature of the matter taken in by the mouth, and its effects upon the health, may be drawn from a knowledge of the odour evolved, and from correcting it by the administration of medicine. Disease commencing in the rectum and large intestines may often be recognised by the quantity of flatus evolved, and unnatural diet will keep up an irritation which may prove very injurious.

Where the chloride of mercury is too irritating alone, it may very properly be combined with other remedies, and there is a pill which has long been known to the profession under the name of Plummer's pill, which has been found a most useful medicine. The *pilula hydrargyri chloridi compositi* is now made of chloride of mercury and oxysulphuret of antimony, each two drachms, of guiacum resin powdered half an ounce, of treacle two drachms; the chloride of mercury is rubbed with the oxysulphuret of antimony, afterwards with the guiacum resin and the treacle, until incorporated. There is an alteration of strength from the formula of other pharmacopœias, and the treacle which is now substituted for the mucilage renders the mass more difficult of rolling, and if it be done by the dirty and unseemly mode of forming the pill between the fingers it leaves them in a very sticky clammy state. The *Edinburgh College* was the first to introduce this pill into its Pharmacopœia, the London followed the example, and it is a great favourite with many practitioners, and in the dose of from five to ten grains is most advantageously employed; it is generally called an alterative, but its efficacy in many complaints should place it amongst the more defined classes, and in some states it may be denominated a tonic.

CLINICAL LECTURES AND REMARKS ON DISEASES OF THE SKIN, VENEREAL DISEASES, AND *SURGICAL CASES*,

DELIVERED AT THE

SKIN INFIRMARY, AND AT THE JERVIS-STREET HOSPITAL, DUBLIN.

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THE STRUCTURE OF THE NEGRO'S SKIN, AS UNFOLDED BY THE ACTION OF BLISTERS.—(*Continued.*)

Reference to last lecture. Appearance of the cutis denuded in a negro by the action of a

blister fluid which it exudes. The capilluli. The papillæ; their normal state; their state in disease. Nature of the papilliform eminences found on the surface of superficial burns. Seat and anatomy of the small-pox pustule; papilliform eminences developed under it. What relation exists between the papillulæ of the skin and the papillary eminences on burned surfaces, and under the small-pox pustules. Are the villi on the hands and feet similar to the papillæ of the general surface? Conclusions. Phenomena presented during the regeneration of the cuticle. Treatment of blistered surfaces and superficial burns. Superficial paronychia and superficial burns in bad habits. Actions of reparation after removal of rete. Colour of the epidermoid tissues when first regenerated. Refutation of assertions advanced by Breschet. Laws which regulate the regeneration of the rete. Erroneous hypothesis of Gaultier respecting the source of the black colour. Conclusion.

GENTLEMEN:—In my last lecture, among various other considerations, I recalled to your memory,

1st. That redness of surface was not one of the results of the application of a blister in a negro, but that, nevertheless, vesication was produced, and that the bulla presented nearly the same appearance as in the European, in consequence of the serum being effused outside the seat of colour; that is, between the rete and the cuticle.

2dly. That the rete and cutis were closely adherent, but that their adhesion could be destroyed by the application of a blister to the denuded rete, or even by its prolonged application to the cuticular surface; and,

Lastly. That the epidermoid glands, which are particularly large in the negro, have their size so increased by vesication, that their existence can be demonstrated in situations in which they could not otherwise be seen.

Let me now bring to your recollection a few additional facts connected with the same subject.

1st. The cutis exhibits, when denuded of its rete by a blister, the same colour in the negro as in the European, being in both of a reddish white, more or less red according to the degree in which it has been irritated or inflamed.

2nd. When the cutis denuded by a blister is exposed for a few minutes to the atmosphere, it exudes, just like the rete, a colourless alkaline liquid, which coagulates and forms a substance or tissue that presents, when examined with a lens, the same structure as the cuticle. It is, therefore, probable that the basis of the rete is produced in the same manner as we have conjectured that the cuticle was formed.

3rd. The capilluli may be seen after the cuticle and rete have been removed, emerging from the surface of the denuded cutis, each being surrounded at its point of emergence, by a superficial groove, which, before the removal of the rete, was occupied by an epidermoid gland.

But the most important observations, perhaps, which we have had occasion to make, respecting the denuded cutis related to what is called

The Papillæ or Villous Structure.

Were you to form your opinions respecting this structure from what you read in books, you would presume that there was nothing easier than to see a papillated or villous surface, like the pile of velvet, as soon as you deprived the cutis of its epidermoid coverings. But was this the case? We examined with a lens the surface of the denuded cutis, on the breast, on the back, and on the arm, and we could not observe any other appearance than that of a soft reddish pulp. No such structure as papillæ, or villi, resembling in form the pile of velvet, was visible. Had your observations here ceased, you would necessarily have concluded that the description of this structure given in books is altogether imaginary. But remember what you observed when your attention was directed to the cutis on the front of Nicholls's left leg, denuded of its rete and cuticle by the action of a blister. You there saw the cutis beautifully villous, and you observed that each projection had a scabbard or socket, as it were, in the superincumbent epidermoid tissue. Here is a magnified drawing of this papillary appearance, and of the shells or sheaths in which the papillæ were enclosed.

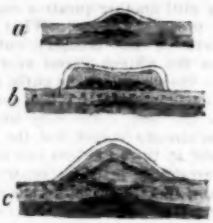
How do you explain this? You saw papillæ on the cutis of the leg, but you saw them nowhere else. The explanation we have in the fact that the leg was in a state of disease. You know that the patient had been admitted with diffused inflammation of the left lower extremity, attended by enlargement of the lymphatic glands of the corresponding groin. You also know that,

on investigating the history of his case, we found that he had had, for a series of years, occasional attacks of the same form of disease in the same limb. Now, these repeated attacks had caused a hypertrophy of the textures of the skin, and rendered parts, not visible in a state of nature, quite obvious; hence the development of the papillary texture. What conclusions, as to the normal structure of the skin, are we to draw from this fact? I answer—that the germs of the papillæ always exist, but that in a healthy state they are, at least in many situations, so small that they cannot be seen. Let us, however, reflect a little upon this subject, for it is one of interest to the cutaneous pathologist.

You will frequently observe, when the cutaneous surface has been superficially burned, that is, when the injury has been just a little deeper than sufficient to cause vesication, and, consequently, when it has destroyed the epidermoid tissues, that, during the healing process, it will become covered by numerous bright red and semi-transparent conical or rounded elevations. To what is this appearance owing? In common parlance it is attributed to a development of the papillæ of the skin; but, on many occasions I have convinced myself that the eminences in question occupy the same exact situation as the epidermoid glands. I pointed out to you, some days ago, a case of superficial burn, in which the general arrangement of the minute eminences distributed over the injured surface was analogous, in every respect, to that of the epidermoid glands of the surrounding skin; consequently, there is reason to believe that such eminences are produced by the points of cutis on which the epidermoid glands destroyed by the injury had been placed.

The Anatomy of the Small-pox Pustule

throws some light upon the point we are now considering. I have no doubt that the ordinary seat of this pustule is an epidermoid gland, and the immediately subjacent cutis, and that what is called by some the slough of the small-pox pustule, and by others the pseudo-membranous disc, or deposit, is an epidermoid gland or glands in an altered state. Now, if you examine the small-pox pustule, in what may be called its middle stage, you will find that the cutis under it presents an eminence which projects into what is, as I have said, erroneously called the slough of the pustule, and thus obtains from the so-named slough, a kind of cupola, or cap. But, if the pustule be examined at a later period, this eminence no longer exists. It has ulcerated, and the space which it occupies is filled with puriform matter.



This drawing illustrates what I have been saying. It represents a section of the small-pox pustule much magnified. *a* and *b* show the eminence covered by the epidermoid gland, or what is called the slough, and *c*, the cavity caused by the ulceration of the eminence, and filled with pus, which, as soon as formed, elevates the centre of the epidermoid gland so as to destroy the umbilicated appearance of the pustule.

Therefore, Gentlemen, from the facts developed by superficial burns, as well as from those unfolded by the anatomy of the small-pox pustule, we can have no doubt that the points of the cutis, which correspond to the epidermoid glands, possess the power of forming, under certain circumstances, papillated eminences, a power most probably connected with their excess of vascularity, and this excess of vascularity we can easily conceive to be rendered necessary by the wants of the superincumbent glands, for they, of course, must receive their nutriment through the subjacent surface.

Now, are such papillæ, or villi, as those observed on the negro's leg, similar to the eminences developed on burned surfaces, and under the small-pox pustule? There are facts, independent of the consideration that the latter appear to be produced only by the parts of the cutis, on which the epidermoid glands are placed, which seem to argue that they are of a different kind. *In the first place*, if you examine the eminences found at the basis of small-pox pustules, you will sometimes observe their surfaces grooved by lines, which, as it were, carve each into small papillæ. This appearance would lead us to infer that there existed on their surfaces the germs of smaller eminences, or villi. *In the second place*, the papillæ, or villi, presented by the skin when hypertrophied (and of this kind were those in front of the negro's leg) are, perhaps, more minute and more closely placed than might be expected if they were confined to parts upon which epidermoid glands are placed.

We are therefore, I think, authorised to conclude, that the papillary eminences developed on superficially burned surfaces, and under the small-pox pustule, are different from the papillæ of the cutis, commonly called villi.

There is still another question connected with the present subject. What is the analogy between the ordinary cutaneous papillæ, or the villous germs everywhere existing on the surface of the cutis, and the more obvious papillæ, or villi, seated on the hands and feet? Are they identical? It has been already stated that the epidermoid glands, in the situations just mentioned, are arranged in lines separated by grooves, and that their contiguous surfaces are spherical or cylindrical. Now, it is evident, that bodies of such a form, and so arranged, can touch each other only at a point, or line, and that there will exist a space at each side of the point of contact. Is it not in these spaces that the villi are placed? and is not their locality the reason why they are bifid and arranged in lines.

This drawing, from Mr. Chevalier's work, will assist your conceptions on this subject. It represents

The Epidermoid Glands of the Thumb of an Infant at Birth.

You remark that they form in the drawing white points, arranged in lines on the palmer surface, but irregularly diffused on the dorsal. Look at the glands which belong to the palmer surface, and you will observe that each pair is separated by a space somewhat resembling the figure 8. You will now easily conceive how the cutis, by projecting into these spaces, will form bifid eminences, arranged, like the glands, in rows. If it be asked, why should such a structure exist in one part and not in another, the answer is obvious. It renders the sense of touch on certain parts more perfect. Thus the linear arrangement allows the surface to be accurately applied to the bodies of which the sense of touch is to take cognizance; and the prolonged villi of the sentient cutis receives from the epidermoid glands such support as preserves their tangible points in a proper state of tension and vibratory mobility.

It is because the papillæ are larger, and consequently more visible in the hands and feet than in any other situation, that anatomists have, from the appearance of the skin on these parts, taken their descriptions of the skin in general. This is not, however, correct; for the cutis, as well as the cuticle, varies in different parts, according to the wants of each part. It is, nevertheless, probable that the papillæ which are arranged in lines on the hands and feet, are modifications of those whose germs are everywhere distributed on the surface of the body.

On the whole the facts which we have observed connected with this rather complicated subject, allow us to conclude,—

First. That the surface of the cutis everywhere possesses what may be called the germs of a villous or pencillated structure; that this structure is sometimes rendered very obvious by disease, and exists strongly marked in several animals.

Secondly. That certain parts, as the ends of the fingers, present papillated eminences, which may be owing to a greater degree of development of the villous germs which exist in the general surface.

Thirdly. That the parts of the cutis upon which the epidermoid glands are seated have the power of forming, when diseased, papilliform eminences of a peculiar kind, which have been erroneously taken for a highly developed state of the general papillæ, or villi.

As the various parts to which I have now alluded have been described in publications as the same structure, there is little reason for surprise at the confusion that exists respecting the papillæ of the skin, and at the impossibility of reconciling what we see in nature with the representations in books. To use Mr. Chevalier's words, as near as I can recollect them,—"Much that has been written and delineated respecting the papillæ of the skin is very confused, one might almost say imaginary, or, perhaps, has arisen from optical deception in examination with incorrect glasses." Therefore, if what I have said assists to clear up this subject, you will, I trust, find yourselves repaid for the time occupied in what may appear a digression. But to return.

I have now considered the immediate effects of the application of blisters to the cutaneous surface of a negro, and have detained you with such remarks as they called forth. Let us next examine the secondary effects, or the appearances presented in consequence of those actions of reparation which the injury of texture produced renders necessary. It is clear that

The Actions of Reparation after the Application of a Blister

must vary according to the degree in which the blister has acted. From what I have already said, as well as from what you have seen, you know that the cuticle may be simply raised, or along with it, the rete may be removed. Now, the consequent phenomena will vary much under these different states.

If a blister be applied only so long as to produce vesication, and if the serum which forms the bulla be allowed to escape by small punctures made in the elevated cuticle, this membrane collapses on the surface of the rete, from which it was raised by the interposition of the serum. A new cuticle is rapidly formed under the old collapsed scar of skin, and this is thrown off in a very few days, when the part is found provided with a new cuticle, scarcely differing in appearance from that which existed before the application of the blister. The epidermoid glands, however, of the blistered surface appear larger than they were, and their size remains for several days above par. Now, if during an experiment of the kind which I have just mentioned we attempt to watch

The Formation of the New Cuticle,

and if, for this purpose, we remove the old a few hours after vesication has been produced, we shall find that an effusion of lymph has taken place on the rete, or between it and the cuticle, which presents the characters of a membrane separable from the surface on which it lies. But at the later date we cannot detect this membrane, for the rete is then covered with new cuticle. We are, therefore, authorised to conclude that in such cases new cuticle is produced by an effusion from the surface of the rete; that this effusion forms a membrane which is in the first instance separable from the rete, but afterwards becomes glued to it, as it were, and then presents all the characters of the original cuticle. You may remember that in my last lecture I made some observations on the power possessed by the rete to exhale an alkaline liquor, which coagulates and forms a structure not distinguishable from cuticle under the microscope. You find at the present moment an application of this fact.

It sometimes happens when you open a bulla produced by a blister, that the serum escapes only in drops; and if you cut away the raised cuticle you observe the interior of the bulla formed of a jelly-like mass, which, on a close examination, seems to be composed of a very fine cellular structure infiltrated with serum. Now I am not aware that these appearances have been explained. I have often reflected on them. The cellular web cannot be owing to the elongation or dilatation of the medium which connected the cuticle and the subjacent parts. It must be a new formation; yet it is very rapidly produced. Is it developed by the spontaneous coagulation of the effused fluid? and is this owing to an excess of the coagulable property which I have already stated to belong to the liquid which the denuded rete exudes?

Suppose, that in place of simply puncturing the bulla produced by a blister, and allowing the cuticle to collapse, you remove this membrane, and expose the rete, what difference is to be remarked in the consequent processes of reparation? The effects observed are fundamentally the same as if the cuticle had been allowed to remain; that is, an effusion takes place which forms a new cuticle, but there is a great difference in the time required in each case. This depends on the circumstance that the first effusion from the denuded rete is, as it were, lost, as far, at least, as its conversion into cuticle is concerned; for it only serves the temporary function which the old cuticle would have performed, had it been allowed to remain; that is, it merely constitutes a nidus or protection under which a deposit can be made which is subsequently converted into cuticle. You may apply these remarks to useful purposes in

The Treatment of Blistered Surfaces and Burns.

You now understand the reason that, if you want a blistered surface to remain open, you remove the cuticle, and expose the rete; and if, on the other hand, you wish to heal a blister with rapidity, you merely puncture the bleb, and thus cause the cuticle to subside on the surface of the rete.

It is a disputed point how the vesications caused by burns should be treated. I mean those burns where the surface of the cutis is only inflamed, but upon which the raised cuticle forms a bulla. Now, the facts just mentioned remove all doubt on this point of practice. Puncture the bulla, allow the serum to escape by the smallest possible aperture, and the cuticle to collapse; or, if the bulla has been ruptured, and if the cuticle has collapsed, allow it to remain on the surface, and disturb it as little as possible. It is the best application that can be made. You have frequently had an opportunity of seeing burns treated in this way, and you have seen other cases where the opposite plan was adopted; that is, where the cuticle was removed and the surface dressed. The difference in the results is often very remarkable. I have witnessed your surprise at them. Not long ago we had a female patient whose legs were scalded, each, as near as possible, in the same degree. The cuticle which formed the bullæ was removed in the right leg, while the bullæ on the left were punctured

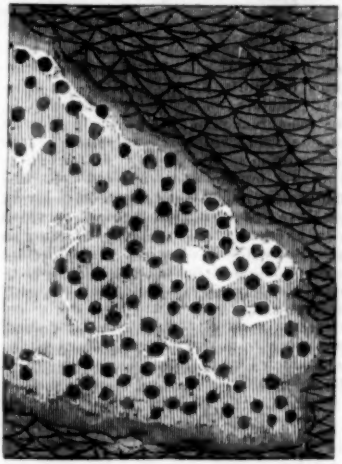
and the cuticle allowed to collapse. The consequences were remarkable. The left leg was well in a few days, whereas the injured surfaces on the right became irritable, and did not heal under the application of the common simple ointment of the hospital for several weeks, although, if there was any difference, the right leg was less injured than the left. This is an experiment which you must frequently have had an opportunity of witnessing, for I fear it too often happens, either from accident or intention, that the cuticle is removed in these cases, and much suffering thereby entailed.

I should, however, put you in possession of the fact, that you will occasionally meet certain bad habits in which this simple treatment, by puncturing the bulla, and allowing the cuticle to collapse, will not answer. In such persons the cutis, so long as it is covered by the old cuticle, secretes puriform matter, in place of forming a new cuticle; and this puriform secretion will not only continue, but a more extensive separation of cuticle, and an ulceration of the cutis will occur, if the old cuticle be not removed, and the surface of the cutis dressed with astringents. We observe a phenomenon of this kind in cases of superficial paronychia. This, you know, is an inflammation of the end of the finger, which causes an effusion between the surface of the cutis and the cuticle; and if the liquid effused be not allowed to escape, and all the detached cuticle removed, the disease will, by degrees, extend far beyond its original limits. I have seen it, when neglected, involve the entire surface of a finger. It is scarcely possible, *à priori*, to know such habits, and therefore you should always employ, in the first instance, the more simple treatment of superficial burns, but should bear in recollection that it may not succeed.

Suppose a blister to be retained on a negro's skin so long as to cause the removal of the rete, as well as of the cuticle, what are the consequences? They are curious and interesting. They are

The Phenomenon which mark the Regeneration of the Rete.

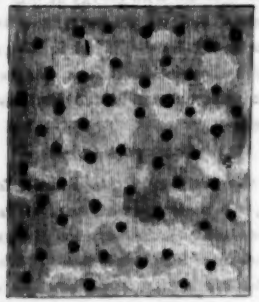
Let me recall them to your memory. The cutis of a black, just after being deprived of its rete, does not, you know, differ in appearance from that of a white. You also know that it retains nearly the same colour for some time after it has become covered with new cuticle; so that a person unacquainted with what subsequently occurs, might suppose it possible to render a negro white by applying blisters, so as to remove his rete. The white colour thus produced is not, however, permanent. In the course of a few days a very remarkable phenomenon presents itself. The surface, which was of the same colour as that of the skin of an European, becomes sprinkled with numerous black dots, or spots, each about the size of a grain of snipe-shot. At first these spots are not quite black; they are rather of a grey or leaden colour, but by degrees they become of a deeper tint. They are then larger, circular, and defined in their outline. Here is a drawing which depicts their appearance. It is the repre-



sentation of a blistered surface on an arm, which had been deprived of its rete, and upon which the development of a new rete had commenced. By degrees the small spots became larger, and after a time their interstices acquire a dingy brown, or black colour. The size of the spots, and the darkness of the surface which separates them, regularly progress; and, at the end of a few days, the whole surface is found to have acquired its former dark hue, partly by an increase of the diameter of the dots, and partly by the surface which separated them becoming black. In this manner the skin recovers its former black appearance, and the part which seemed for a time to have assumed the characters of the skin of an European, cannot now be distinguished in colour from that of any other part of the surface.

During the regeneration of the rete we made some observations, which I wish to recall to your memory. *In the first place*, we applied a blister to a surface which had healed after the removal of its rete, but which still resembled in colour the skin of an European, and we separated from it this piece of colourless cuticle. It cannot, you observe, be distinguished from this other piece of cuticle, taken from an European. *In the second place*, we applied a blister to a surface upon which the regeneration of the rete had commenced. Here is the cuticle

separated in this case,—see how beautifully it is spotted,—and here is a drawing of it.



In the third place, it was clearly demonstrated to you, that the locality of the black spots, by which the formation of the new rete commences, corresponded to that which had been occupied by the epidermoid glands. Now, from these facts we are led to conclude—

1st. That the colourless parts of the epidermoid tissues are formed previous to the coloured, probably after the same manner as the cartilaginous basis of bone is formed, previous to the deposition of the osseous matter. Hence, a refutation of the doctrine of Breschet, that the colouring and uncoloured matter which form the epidermoid tissues, are mixed at the moment of their formation, and while they are both in a liquid state.

2nd. As the black spots, or rudimentary rete, are always separated from the cutis, along with the cuticle, by the action of a blister, the adhesion of the rete to the cutis must become firmer as the rete is more perfectly formed.

3rd. The deposition of the coloured matter in dots, or circular spots, contradicts the microscopical observations of Breschet, respecting the form of the organs to which he assigns the function of depositing the epidermoid tissues; for, if his representations were correct, that the ducts of the epidermoid apparatus open in the grooves of the cutis, their secretions would, of necessity, be deposited not in *round* spots, but in lines.

It may be asked, how does it happen that the pigment, or rete, is deposited in dots, and in the situation occupied by the epidermoid glands? This question is, in my opinion, easily answered. I would reply, because of the greater vascularity of these parts. Is it not an occurrence analogous to one already mentioned? that is, the formation of papillated eminences on superficially burned surfaces, and under small-pox pustules. The greater vascularity of the parts engaged will fully explain both classes of phenomena, and there is not any necessity to have recourse to the hypothesis adopted by Gaultier, who, because he saw a connection between these black dots and the roots of the capilluli, believed that the black matter was secreted only by the roots of the hair. My opinion is further supported, and the hypothesis of Gaultier refuted, by the facts already stated and demonstrated to you, that, although the formation of the pigment commences first in dots, it is, after a while, deposited in their intervals, and, consequently, where there are no hairs; and if, when disease has caused the whole surface of the cutis to become equally vascular, you apply a blister, and remove the rete, the colouring matter is deposited in patches, or plates, and not in points, or dots. You witnessed this occurrence yourselves, on the diseased leg of the negro. This opinion, therefore, of Gaultier, like many others of our continental brethren, of which I shall have to speak when we next meet, is irreconcileable to the facts observed in practice.

CURE OF STRICTURE OF THE URETHRA BY INJECTIONS OF QUICKSILVER.

To the Editor of THE LANCET.

SIR:—During a recent tour in the southern part of France, I accidentally met with an old gentleman, practising in a small town, who stated that he had, for a length of time, successfully treated various kinds of strictures of the urethra, by injecting quicksilver, in its purest form, into the bladder, or occasionally introducing it through a hollow sound. He described several cases in which he had experienced the most satisfactory results from its *repeated* employment, and showed me an instance in which it had forced a very large piece of gravel through the urethra by its action. He assured me that he hardly ever found that the slightest difficulty occurred to the patient in voiding the mercury, if placed on the face, in the horizontal position; and that he always weighed the metal to ascertain if the whole had passed away. Never having heard of this practice in England, I informed him that I should make it known through the medium of your widely circulated pages; but I was compelled to promise him not to state his name or place of abode. Should you, or any of your readers, be able to inform me whether this treatment has ever been attempted in this country, and with what degree of success, the information will be esteemed a favour by your obedient servant,

A NON-PROFESSIONAL SUBSCRIBER.

Nov. 22, 1837.

THE LANCET.

London, Saturday, December 2, 1837.

THE Poor Law Committee of the House of Commons is again appointed, and, on resuming its duties, the investigation is to be at once applied to the *medical* department of the Unions.

Are the medical practitioners of England prepared to sustain their case BY EVIDENCE? This question must now be answered,—not in *words*, but by the production of *facts*, and by propounding before the Committee a *system of government* which shall be altogether free from the objections which arise so prolifically out of the mode of management which is adopted by Poor Law Commissioners and Guardians.

The medical inquiry, then, will necessarily take two main directions :—

First, relative to a substitute for the existing mode of management ; and,

Secondly, the production of facts sustained by statistical data, proving that the practice of letting the office of surgeon by tender is fraught with the grossest injustice to the members of the profession, and, what is of still more importance, with unnecessary suffering to, and the sacrifice, in many instances, of the lives of, the afflicted poor.

What may be the result of the inquiry before the House of Commons it is not possible to determine by anticipation ; but of *this* our medical brethren may be assured, that unless they sustain their charges against the existing system, by *evidence*, and unless they prove that it is practicable to adopt a more equitable mode of conducting the medical arrangements of the Unions,—that is, the arrangements now in force,—the tone of future complaints will find no sympathy in the hearts of our senators, and they may as well whistle to the winds as declare in their petitions, or otherwise, that both themselves and the poor are aggrieved by the operation of an unjust scheme of management.

We entreat of medical practitioners, therefore, to act with energy at this important crisis, and we sincerely trust that no tardiness will be displayed in the production of well-ascertained facts, for the information and guidance of the Parliamentary Committee.

IN the number of this Journal for last week, we drew a brief, but, we believe, an accurate parallel between the existing institutions of France and those of this country, for the reception of persons of the poorer classes when afflicted with disease, or labouring under the effects of injuries. We referred to a large number of charitable establishments, on this side the channel, instituted for purposes of public good, but so mismanaged by a small number of private and incompetent individuals, as, in a great measure, to defeat the humane and beneficent motives which originally gave them birth. We exposed, in a few words, the selfish, corrupt, and interested principles under which the medical appointments to our hospitals and infirmaries are almost invariably made. We called to mind the fact of the offices of dresser and house-surgeon being unblushingly *sold* in nearly all the metropolitan hospitals ; we could, indeed, have cited a well-known case, in which the still more important and responsible office of "surgeon" to an hospital was disposed of for the sum of £500 ; and we demonstrated the very significant fact, that the 14 public hospitals of Paris were supported by nearly the same amount of income as is required to meet the expenses of only two similar, though much inferior, institutions in London. The parallel alluded to has not been made with any invidious desire of lessening the value of our own hospitals and medical charities, nor through any unnational admiration for foreign establishments. We love what is English, and it is a sincere wish to see the medical, as well as all other institutions, of the British empire, freed from the abuses by which they are at present disgraced, that induces us to call atten-

tion to their mode of government as compared with that of analogous continental charities.

The widely-marked differences which distinguish the organisation and mode of administration of the Parisian and London hospitals, naturally led to the conclusion that their effects upon medical men, and on medicine in general, must also be widely different.

This is really the case; and the comparison turns to the disadvantage of our own hospital surgeons, and of their influence on the progress of medical education in this country. Nothing, in fact, produces a more baneful effect on any public institution than a vicious mode of administrating its affairs, while nothing is more calculated to extend and perpetuate the benefits of public establishments than an uniform, well directed, and (if we may use the phrase) virtuous method of government.

It has already been demonstrated, "usque ad nauseam," that appointments to the hospitals, and other charitable medical institutions, of Great Britain, are either directly sold for money, or distributed among a few individuals, who, either through local circumstances, intrigue, family connection, or some other equally unworthy influence, have obtained a certain degree of "interest" with the governing bodies. The effects of such a system are easily divined. Places may be handed down from father to son, from uncle to nephew, but neither talent nor a disposition to acquire knowledge is hereditary, hence, the men who aspire to the possession of place in this country, are solely anxious to establish themselves on a good footing with certain parties,—to win the esteem or favour of some despotic "Treasurer,"—to gain the patronage of one or two wealthy busy-bodies who are connected with the hospital, an office in which is the object of their ambition, while they are totally regardless of qualifying themselves, by increased zeal, study, and application, for an honest discharge of the arduous duties which they are about to undertake.

It is notorious that no man, unconnected with a certain *clique*, has the slightest chance of becoming physician or surgeon to any of our metropolitan hospitals, no matter how distinguished he may be for talent, learning, or professional skill. Were Dupuytren himself alive, and did circumstances admit of his becoming a candidate for the office of surgeon to *Guy's Hospital*, we have no doubt that King Harrison would dismiss him, as an "unrecognisable" and impudent intruder. The same fate would certainly await him at *St. Thomas's*, at *St. Bartholomew's*, at *St. George's*, and at the *Middlesex Hospitals*, yet by what men are most of the medical appointments at these various hospitals now held? They are sufficiently known to the readers of The Lancet by their "works;" their deeds have rendered them notorious in every part of the British empire; and we should not, on the present occasion, add to their "fame," by instituting a comparison between them and the surgeons of the Parisian hospitals, who, living under a different *régime*, and influenced by laws emanating from a well-organised body of medical governors, have become distinguished throughout the civilized world for their talents, acquirements, and profound knowledge of the science of medicine, because these latter are the only qualifications which are demanded of them as titles to the possession of place in that enlightened country.

We have received a number of a weekly newspaper, called "The Monmouthshire Merlin," dated the 25th of November, the advertising columns of which are much occupied with an account of the personal disputes of certain medical gentlemen residing at Newport, and in the town of Monmouth.

If we take any notice of these, commonly, paltry disputes, or others of a similar kind, it is to deprecate, in the strongest manner, the fashion which prevails of intruding upon the public notice, through the medium

of political journals, not only statements of wonderful cures and discoveries, but also accounts of those annoyances and disagreements to which all flesh is heir in the present state of civilized society. Every man is exposed to the shafts of malice, envy, and jealousy, and the most virtuous individual is often the most venomously attacked by his neighbours, who know him, and by the public, who know him not. All have some cause of complaint, whether real or imaginary. Yet, while other people think it prudent to suffer in silence, the medical practitioner, either from an over estimate of his own value, or, as is sometimes the case, prompted by a love of notoriety, becomes noisy under disappointment, and claims the sympathy of the whole community, by addressing to the public circumstantial accounts of local or private affairs, in which the great mass of the people can take no possible interest.

Thus, for example, in "The Monmouthshire Merlin," we find nearly three columns uselessly occupied, and the dignity of the medical profession lowered, by an account, conveyed in letters, of certain proceedings which are connected with the election of a physician to the *Monmouth Dispensary*. We have read the letters alluded to, without being able to determine, from a perusal of their contents, whether any of the candidates for that office really did commence a canvass before the late Dr. BEVAN was placed in his grave, or to decide the important question whether Dr. TYSER received the votes of more resident governors than Dr. HOLBROOK, or Dr. HOLBROOK more than Dr. TYSER. This, in fact, seems to be the whole gist of the question, and we put it to the good sense of these gentlemen, whether their own interests, and the respectability of the profession, would not have been much better served by some amicable private arrangement, than by the publication of documents which, as they merely refer to affairs that are almost wholly of a domestic nature, can only afford subject for pernicious comment and ridicule. An experience, acquired by a long and anxious attention to medical affairs, has gained for us a kind of right to the title of "Custos morum medicorum," and as we are well convinced of the necessity of arresting all proceedings similar to those to which we have just referred, we shall not be slow to expose the conduct and motives of individuals who, either through indiscretion or selfishness, would lower the character and dignity of a noble profession.

We are sorry to perceive, by the contents of the correspondence in question, that some of the medical men at Newport, not content with the result of a dispute relating to a private patient, have actually been "placarding" one another. We are not informed whether this has been done, in order to give *eclat* to the matter, by posting the walls of the town, as is the custom among belligerents in what are called "affairs of honour," or whether the bills were distributed from house to house. In either case, however, the circumstance is to be deeply regretted, and the impression arising from the whole affair cannot be too soon removed from the minds of the inhabitants in the locality which has been the scene of the transaction. With regard to the letter of Mr. H. FRY, we must say, that, if the statements which it contains be strictly conformable with the facts, that gentleman was fully justified, as well in the practice which he pursued with regard to his patient, as in his subsequent proceedings.

Obstetric Plates, with Explanations, selected from the Anatomical Tables of WILLIAM SMELLIE, *M. D.* London: Highley, 1837.

THIS will prove a useful little work to the student, as far as it goes. The plates of Smellie have been always remarkable for their accuracy, although originally executed many years ago. The present collection consists of 12 plates, selected from the work of that celebrated obstetrician; they are, however, confined exclusively to presentations of the head, with a view of illus-

trating the mechanism of the employment of the forceps. We hope Mr. Highley will complete the present set of plates, and thus give the student an opportunity of possessing, on moderate terms, a work from which he cannot fail to derive assistance both during his studies and when in practice.

HOUSE OF COMMONS.

Monday, Nov. 27, 1837.

Mr. WAKLEY presented a petition, numerously and respectably signed, from the President and Members of the BRITISH MEDICAL ASSOCIATION, praying for an inquiry into the abuses which had arisen in the parochial unions under the provisions of the Poor Law Amendment Act. As the Poor Law Committee was not yet reappointed, and as he had a motion on the Order Book, which stood for that evening, he would refrain from entering into any discussion on the subject.

At a subsequent period of the evening

LORD JOHN RUSSELL moved for the reappointment of a Committee to inquire into the administration of the relief of the poor under the powers of the Poor Law Amendment Act.

Mr. WAKLEY embraced the opportunity of reminding his lordship that he had a motion on the paper, which he intended to submit to the House, for the appointment of a Select Committee to inquire especially into the medical department of the new unions, but as he could scarcely expect that two committees would be appointed to institute an investigation relative to the effects of one law, he was anxious to make an arrangement with his lordship on the subject,—one which would attain the object that he had in view without, he should hope, producing any inconvenience to other parties. If, then, the noble lord would consent that the medical inquiry should be prosecuted at the earliest sittings of the Committee, so that all further delay might be avoided, he (Mr. W.) would consent to abandon his notice of motion, and refrain from stating a series of grievances which might only add to the existing excitement, and raise new obstacles to the attainment of justice by the medical practitioners as well as the suffering poor.

Lord JOHN RUSSELL replied that he could scarcely then undertake to determine the course which the Committee would pursue. He was himself most anxious that the medical inquiry should not be delayed, and, after consulting with the Chairman and other members of the Committee, he would endeavour to ascertain whether the proposal which had just been made could be complied with. At any rate, if an arrangement could not be made which would be satisfactory to the hon. member, he (Mr. W.) could afterwards proceed with his motion for the appointment of a Committee to inquire especially into the medical department.

The noble lord's motion for the Committee was then carried, and the Committee, comprising 21 names, consists of the following members:—

Lord J. Russell	Mr. Ward
Mr. Fazakerley	Lord Howick
Mr. R. Walker	Mr. Wakley
Mr. P. Scrope	Mr. Villiers
Mr. Baines	Mr. Miles (Som.)
Mr. Bolling	Mr. L. Hodges
Mr. Lister	Mr. Chichester
Sir T. Fremantle	Mr. Slaney
Mr. Barneby	Mr. Freshfield
Mr. Liddell	Mr. J. Fielden.
Mr. Estcourt (Dev.)	

Tuesday, November 28.

Mr. WAKLEY moved that the petition which he had presented to the House on the previous evening from the President, Council, and members of the BRITISH MEDICAL ASSOCIATION, should be referred to the Poor Law Committee.

(Referred accordingly.)

At a subsequent period of the evening it was intimated to Mr. Wakley by the Chairman of the Committee, that no obstacle existed to the prosecution of the medical inquiry forthwith, and that if he would furnish the names of the witnesses, some of them might be summoned, and with the examination of those persons the Committee would commence their labours on Monday next.

SINGULAR CASE IN WHICH

A STEEL FORK

WAS

EXTRACTED FROM THE BACK.

To the Editor of THE LANCET.

SIR:—In THE LANCET of the 4th of Feb., 1832 (No. 440), you did me the favour to publish a singular case of the extraction of a steel fork from the back of Robert Syms, a sailor, on board H. M. ship *Belvidera*, while I was attached to that ship in the Mediterranean in 1831. I have now to request the favour of your giving a place in your valuable Journal to an equally singular appendix to the case, together with the accompanying abstract of my former report.

I am, Sir, your obedient servant,

DAVID BURNES, M. D.

4, Vernon-place, Bloomsbury-square,
Nov. 24, 1837.

CASE.—Robert Syms, aged 23, was entered on the sick list of H. M. ship *Belvidera*, about the middle of June, 1831, complaining of pain at the inferior angle of the right scapula, close to the base of which was a small phlegmon, as I then considered it, in the early stage of suppuration. On the 19th of June, I opened "the boil," and ordered poultices to be applied, thinking it would heal kindly in a few days. On the 23rd, however, on probing the wound, I felt what I first thought was the edge of the scapula, but, on more minute examination, something black and shining was seen in the wound. On the 24th, it being evident that there was some foreign body in the wound, the opening was enlarged directly upwards, and a piece of steel, about the thickness of a common ram-rod, presented itself, but resisted strongly any efforts to extract it. Being unwilling to put him to further pain, while there was a chance of its coming away by poulticing, and pulling it with the forceps daily, this gentler course was agreed on in preference to making a further enlargement of the wound. Being questioned as to the nature of the piece of steel, he expressed himself as much astonished as we were at its presence, and said he should not have known it had we not told him, and had he not felt pain from our pulling it with the forceps. He had never been in action, having been only two years in the King's service, nor did he recollect having received any wound by which anything of the kind could have been introduced. About two inches below the opening made on the 19th, we observed a small white speck, or mark, rather resembling the mark left many years after vaccination, than a cicatrix of a wound. This was the only vestige of anything like a wound that we could detect in his back.

July 2. The poulticing has been continued, and there is now a free discharge from the wound; the steel has been pulled daily by the forceps, and admits now of farther motion, especially laterally, but is yet forcibly retained at its upper part; its direction is nearly parallel with the base of the scapula, close to which it lies, and in its course upwards it seems to incline deep into the substance of the muscles. About an inch of it can be seen when the integuments are retracted. He is averse to further measures; has no pain except from the use of the forceps. Continue the poultices.

16. Though the poulticing has been continued, and the steel pulled daily, there is no material alteration since last report, further than that the steel may be moved more freely in every direction, except when pulled directly downwards, when it seems to be retained as forcibly as *at first*; the probe can be introduced into the wound, upwards and inwards, nearly four inches, and can with some difficulty be made to move round the steel; but no information as to its size or shape can be gained from this mode of examination. It occurred to me, at this time, that it was a hook, and that it might be retained by catching on one of the ribs. Having no pain except from the pulling, and being still averse to the use of the knife, the same treatment was pursued.

August 5. The foreign body having become very little loosened, and now causing more pain on its being moved, I made a deep incision of about three inches in length over its course upwards, using it as a director, when it was easily extracted, and found to be a common kitchen fork, broken off close to its handle, and with one of its *two* prongs wanting about an inch from its point; it was blackened, and, in some degree, rusted. It seemed to have been retained by a bridle of muscular fibres embracing its shoulders, for it was immediately liberated when the part was divided by the knife.

The wound was dressed simply, and healed so soon that in ten days the man was doing duty in the boats and aloft.

*** The annexed engraving is of the exact size of the fork. It is represented with the concave side upwards. The marks on the prongs (which have not the solid appearance of English manufacture) are those of rust. In all other respects the instrument is perfectly smooth, and has a bronzed appearance.

A, the part first seen. From A to B, the extent seen before the day of its being extracted. C, the point of the broken prong, which is ragged, and seems to have been fractured by violence. D, portion extracted six years and three months after the larger part.

No rational person can for a moment suppose that the ignorance of the man was real. The wound caused by the introduction of such an instrument must have been in the highest degree severe, and an effort to withdraw it appears to have been the cause of the forcible fracture near the handle.—ED. L.

Strange as it may seem, even after its extraction, the man persisted in adhering to his original statement of his being ignorant, how and when it had been introduced; and during the two months I remained in the ship, I was not able to gain further information on the matter.

He seemed to have no defect of memory in any way, for he, without hesitation, gave me every information I asked as to his former life and habits. He is a native of Topsham, Devonshire, has been at sea since he was twelve years of age, and in the merchant service till two years ago, when he joined H. M. ship *Tweed*, at the Isle of France, and from which ship he was paid off immediately before joining the *Belvidera* in February last.

Setting aside his own statement altogether, my own opinion is, that it must have been in his back for many *months*, if not for *years*, judging from the indistinct and ill-defined mark left, *taking it for granted* that this was the wound by which it had been introduced, but which is yet problematical, from the little pain he experienced from its presence; and more especially from the knowledge, that, during the previous *months* while he belonged to the *Belvidera*, he was never one day off his duty or on the sick list. Your readers are, however, as well able as myself now to form conjectures on the subject.

Having already experienced a difficulty in convincing some sceptical individuals of the facts above related, I may in justice to your readers and myself, state, that as the case excited great interest, *while under treatment the patient was seen* by the Hon. Capt. Dundas, Dr. Tweeddale, and most of the officers and crew of the ship, and also by Mr. Geddes, Mr. Chartres, and Dr. Jones, surgeons, Royal Navy; and the fork was extracted in the presence of Dr. Tweeddale, who assisted me, Mr. Yates, and others.

APPENDIX.—The patient continued to serve in the *Belvidera* till December, 1833, when he joined H. M. ship *Blonde*, going to South America. Being anxious to trace his future history, in the hope of obtaining some clue as to the introduction of the fork, I was enabled, through the kindness of Sir William Burnett, the Physician-General of the Navy, on the arrival of the *Blonde*, at Portsmouth, about a month ago, to communicate with him by letter. The result was, that he came up to London, and, on the 18th of November, called upon me to show himself. He then stated that, about eighteen months ago, while washing himself, he felt a small, hard body on the *left* side of the neck, which he was inclined to believe was part of the fork. On examining the part I had no doubt myself of its being the portion of the broken prong, and which I asked permission to extract. He readily assented; but, before the operation, I submitted him to the inspection of Sir William Burnett, Sir Astley Cooper, Sir Stephen Hammick, Mr. Liston, and other gentlemen, who corroborated my opinion as to its being a portion of the fork, and recommended its extraction. On the 20th, in the presence of Mr. C. Smith, surgeon, I made an incision over it (its position being just behind the middle part of the posterior edge of the sterno-cleido mastoideus muscle, where it is crossed by the external jugular vein, when it was easily removed, and proved to be the prong, which had the same bronzed appearance as the fork itself, and was coated with rust at its fractured end. It does not exactly join with the fork, and I am inclined to think some very minute splinters may have been broken from it when fractured, or some chemical action, while in the body, may have corroded it.

It is singular that he had never suffered pain from it, although it has crossed from the *right* side of the back to the *left* side of the neck. I was only induced to extract it from its superficial position, and the singularity of the history, yet it is possible it might, in time, have advanced still further, and have injured the carotid artery, or trachea.

Though cross-questioned by all who saw him, he still repeats his former story of being innocent as to the introduction of the fork. As he felt little inconvenience from my incision, he has left town with the intention of joining H. M. ship *President*, for another three years cruise, and, from what I know of him, I am convinced my *steel-backed* friend will do credit to the wooden walls of Old England.

The persevering manner in which Dr. Burnes has followed up this interesting case is praiseworthy, and does credit to his professional industry.—ED. L.

THE VITTORIA FEVER
AMONGST THE
BRITISH LEGION IN SPAIN.

To the Editor of THE LANCET.

SIR:—On perusing the past numbers of THE LANCET, I find to my surprise and regret, a communication on the "Epidemic Fever amongst the British Legion," made by a Mr. Edward Faithful, who styles himself "Staff-surgeon to the Military Hospitals in the Legion." The number to which I refer is for Saturday, Dec. 10, 1836.

I am surprised that a person who held no appointment *whatever* in the medical department of the late Legion, could have the boldness (to use no stronger term) to write an account of what, in a professional point of view, he had nothing to do with; and

regret that he should have thought proper to impose upon the pages of THE LANCET, an account which is at once false in its general bearing as well as its details. Truly, Mr. Edward Faithful must be possessed of no common degree of temerity to assert in a Journal, which is known to be read by every member of the profession, that "out of 600 cases" (of typhus fever treated by him), "all save *two* terminated well, running a very mild course, which lasted for the short space of a fortnight from their admission. *The two who died were admitted while they were in articulo mortis*"!!!

I cannot distinctly trace whether Mr. Edward Faithful performed these *extraordinary* cures "*when he was in sole charge of the hospital*," at the Convent de Corban, near Santander, or at the General Military Hospital *in* Santander itself; but it appears from one part of the statement, that his professional talent was exerted in the latter hospital: and I shall endeavour to show you, Sir, the *courtesy* you have received, as a recompense for the liberality which you have ever displayed, in permitting your pages to be open for such communications as may tend to advance the young practitioner, and the profession at large.

The frightful havoc made by the typhus fever in the ranks of the British Legion, both at Vittoria, and at the depôt at Santander, was, in the winter of 1835, and the early part of the year 1836, when the troops of the depôt were stationed at the Convent de Corban, where the fever hospital was established, very few cases occurring in Santander that were not immediately removed to the convent.

My friend, Dr. M'Swiney, late surgeon to the 2nd Regiment of Lancers, had the entire charge of the most serious cases of fever, and it was to the skill and professional ability displayed by that gentleman, that many of the lives of our suffering fellow countrymen were saved,—indeed, I have, personally, to feel myself grateful for his attention during my severe attack of fever, and likewise for the many valuable hints I received from him as to its treatment.

The surgical division of the hospital was intrusted to me, and the remaining wards to medical officers, who, in common with myself, never had the "*honour*" of knowing or hearing of such a person as Mr. Edward Faithful!!

The treatment pursued in this epidemic was strictly antiphlogistic. When the patient was admitted his bowels were generally opened with calomel and the compound extract of colocynth, and he was then ordered the following powder to be given every *four* hours:—

℞ *Nitrate of potash*, gr. x.;
Tartarised antimony, gr. ¼.—Make a powder.

Tea, coffee, and every kind of food were strictly prohibited, as long as the tongue remained of a dark mahogany colour, and dry. Acidulated drinks, to any quantity, were allowed. On the first indication of head symptoms the head was shaved, and cold applications constantly kept to it; the regular cold dash was only resorted to when the head symptoms were running to an alarming extent. As soon as the tongue moistened, and the sordes about the mouth diminished, the following mixture was exhibited:—

℞ *Liquor of the acetate of ammonia*, ℥ij.;
Liq. of tartarised antimony, ℥ij.;
Mint-water, ℥vj.—Make a mixture, of which let three table-spoonfuls be taken every fourth hour.

The most obstinate cases of fever often yielded to this treatment, and then it was that small quantities of food, and a little Xeres wine, were given with great caution.

Coma *sometimes* supervened, but by the aid of a large blister placed at the back of the neck, extending between the shoulders, together with wine or spirits, given frequently, and in small quantities, the patient almost invariably rallied; the exhibition of musk and camphor, internally, likewise proved highly beneficial.

We had great reason to regret the want of a sufficient supply of mustard for cataplasms, as the severity of the weather, together with the disease, caused frightful mortification of the lower extremities.

On the 38th of February, 1836, the General Hospital was removed from the convent into a large, spacious, and beautifully situated building, about a quarter of a mile out of the town of Santander; and here again Dr. M'Swiney had charge of the fever ward. Very few cases were admitted into the hospital; indeed I will venture to say that one hundred may be computed as the *extent* of their number.

I now come to that part of Mr. Faithful's communication where he says, "About fifteen surgeons had been instantaneously drafted to St. Sebastian, immediately after the affair of the 5th of May, leaving only *three* at Santander, Dr. Stone, Mr. Sweeney, and myself." This statement is entitled to as much credence as any other that has been made; "fifteen surgeons had been instantaneously drafted;" why, there were not more than *seven* on the station, and I, with two other medical officers, had orders to proceed with the main body of the Legion, who were then embarking for San Sebastian, about the latter end of April.

After the action of the 5th of May, 1836, a few medical officers who were left in charge of the hospitals at Vittoria, arrived at San Sebastian *viâ* Santander. Mr. Edward Faithful then states, in order to embroider his own coat, that "when the assistant inspector came round he observed the change

in the typhoid patients; 'that tongue will bear wine,' said he. It had it, and soon became cold." &c. This is the "unkindest cut of all!" Assistant-inspector Dr. Thomas Williams, never troubled himself about the patient's health; if the wards were only washed every morning, the patients might suffer for aught he cared. It is a notorious fact, that he caused the removal of the fever patients from the convent in the most inclement weather (the men being hardly supplied with clothing), in open bullock carts, across a swampy marsh; and in another instance put a stop to the aid rendered to some of the wretched men who had arrived from Vittoria, in order that a comparison might be made by the Colonel Commandant, between those in hospital, and the poor emaciated beings who had just arrived from Vittoria. It was these, and other circumstances quite as reprehensible, that caused the reduction from the service of the assistant-inspector.

I will encroach no further on your columns, my only object being to expose the gross imposition which has been practised on the pages of THE LANCET. I am, Sir, your obliged humble servant,

WILLIAM LAMBTON, M.R.C.S.
Late Surgeon unattached B.A.L.
96, Sloane-street, Nov. 23, 1837.

CHARACTERS OF ACUTE ARTERITIS

DR. EBERS, of Breslau, sums up a long memoir on certain diseases of the heart and arteries, with the following account of the characteristic signs of arteritis, and of the diseases which bear the greatest resemblance to it. The latter are, simple inflammatory fever, carditis, and pericarditis. The peculiar symptoms, duration, and termination of each may be thus briefly described:—

1st. *Simple Inflammatory Fever.*

Pathognomonical Symptoms.—General and equable elevation of the temperature of the skin; commonly an evening exacerbation; large, full, and hard pulse, which is moderately quick; hypersthenia; tendency of the blood to coagulate. No inflammation of any organ.

Certain Symptoms which frequently exist.—Strong fever, increased pulsation of the heart. The attack begins with sudden rigor, followed by general heat of skin, without burning; general turgor, redness of the face and eyes, severe pain of the head, with tendency to vertigo, but no fainting; sometimes delirium in young persons; disturbed sleep; dryness of the mouth and nostrils; great thirst; increased quickness of respiration without difficulty; urine high coloured; pulse moderately frequent, strong, full, and hard; blood thick, containing little serum. No inflammatory crust, except in complications.

Duration.—Twenty-four hours to three days; seldom protracted to seven days.

Crisis.—Perspiration, and urine, hæmorrhages, but seldom the latter.

Termination. — Quickly in health, or changes into other forms of fever. Death occurs in a very small number of cases.

2nd. *Carditis.*

Pathognomonic Signs.—Remarkable anxiety and disturbance of the patient; pain in the region of the heart; very frequent and compressible pulse; tendency to fainting on motion; irregularity of heat and cold over the skin; cold extremities; deep expression of suffering in the countenance.

Occasional Symptoms.—Carditis commences like common inflammatory fever, and, indeed, every other acute inflammation; the general febrile symptoms are the same, viz., continued fever, rigors interchanging with heat. In the early stage the face is flushed and the skin hot, but the physiognomy is soon affected, and expresses deep suffering. The respiration is oppressed in carditis, but there is no pain or difficulty of breathing. There is a deep-seated sense of pain about the region of the heart; the organ is sometimes affected with palpitation, at others the beat of the heart is imperceptible. The patient lies constantly on the back, and shows a tendency to faint on any motion of the body.

The pulse is irregular, hard in the commencement, but small, unequal, very frequent, and at last too quick to be counted. There is a want of harmony between the pulsations of the heart and of the arteries. The nervous system is greatly excited; there is often nausea, or vomiting; on auscultating and percussing the chest the lungs are discovered to be sound. In rheumatic carditis we often observe an abundant crop of miliary vesicles; the blood exhibits an inflammatory crust.

Duration.—From three to seven days.

Terminations.—The same as after other inflammations; resolution; chronic inflammation; hydrops pericardii; exudation of plastic matter; ossification of the coronary arteries and valves; ramollissement of the substance of the heart; in some few cases suppuration, or gangrene. The patient often dies in a state of asphyxia.

3rd. *Pericarditis.*

Pathognomonic Symptoms.—The symptoms of pericarditis are often mixed with those of carditis, the more so that the heart is often engaged in affections of its fibrous covering. The disease commences with deep-seated pain in the region of the heart, passing thence to the shoulders and arms; oppression about the precordial region; the

sensibility is increased on pressure; the patient is unable to lie on his left side; the pulse is irregular, quick, vibrating, and, towards the end, intermitting; palpitation of the heart, with increased impulse; great uneasiness; no contraction of the features, as in true carditis; no coldness of the extremities.

Particular Signs.—Pericarditis very frequently occurs as a metastasis from rheumatism, and is complicated with pleurisy. The respiratory murmur is generally normal, although the dyspnœa may be great; the tendency to fainting is not observed in the disease.

Duration.—From five to seven days.

Terminations.—In resolution; in exudation of coagulable lymph; and adhesions with the heart, often partial, but occasionally general.

4th. *Acute Arteritis.*

Pathognomonic Signs.—Acute, regular pulsation in the course of the inflamed arteries; a vibrating pulsation of the heart; frequent, hard pulse; little or no general fever.

Occasional Symptoms.—Diminished temperature of the skin; great agitation; burning sensation of the skin over the inflamed arteries; dryness of the tongue and mouth; excessive thirst; accelerated respiration, with hæmorrhage from the nose, or lungs; frequent and regular pulsation of the affected vessels; the pulse hard, full, and very frequent; it is often difficult to distinguish the systole and diastole; the veins of the extremities are sometimes elevated, and form a blue net-work. Locomotion very difficult, often impossible; anxiety and delirium; the urine is not diminished in quantity, but sometimes contains a purulent deposit.

Duration of the Disease.—From four to seven days. The convalescence is very tedious. The inflammation may subside, or it may terminate in an exudation of lymph, and obliteration of the arterial tubes and their small branches. If the affection be extensive, death is almost certain.

EXAMINATIONS AT APOTHECARIES' HALL.

To the Editor of THE LANCET.

SIR:—The last few numbers of your valuable Journal have contained many important facts relative to the cruel examinations weekly exhibited at Apothecaries' Hall, which, though no doubt faithfully detailed, are, I fear, but poor representatives of the sad realities which they should shadow forth. The noble end at which these statements aim, and which it is much to be hoped they will, ere long, be the means of accomplishing, cannot but be a subject of deep reflection to all who take a lively interest in the welfare of our profession, and more especially in the education of those who are hereafter to enter upon its honourable paths. As I consider that nothing should be deemed unworthy of attention which can tend, in any degree to corroborate the just odium and contempt which has been cast upon this Court of Examiners, for their ungentlemanly and, often, brutal conduct toward those who are obliged to submit themselves to their cruel judgment, I shall briefly mention a little incident in my own examination, which, although not presenting the odious character which has stamped some of their late proceedings, is yet interesting, as showing how slight are the causes which will excite the displeasure of the worshipful Examiners, and in what trivial mistakes they are disposed to behold great blunders.

An hour and forty minutes of my ordeal had elapsed, and we had, as my Examiner said to his sleepy comrade, "got through" the prescriptions, and the anatomy, with the chemistry, and the materia medica, and were now about to finish with a little botany. I was delighted at the opportunity here to be afforded me for shining a little, as I flattered myself that I knew more of this subject than the generality of students who present themselves for examination in Water-lane. A bundle of plants was now handed to me, and in a few minutes eight or ten of these had passed rapidly in review before us, the Examiner requiring only their names, and the class and order of a few of them. Among these, *foxglove* and *nightshade* stood prominently forwards, and from their *importance* in the healing art, would, I expected, have called for some inquiry into their natural history. But, to my suprise, this was not the case, it being deemed sufficient to know that the former was didynamous, and the latter pentandrous. No question was put as to their station in the natural system; no inquiry was made as to their affinities with other allied plants. It *may be* that the Examiner himself had no precise knowledge on these points; certain it is he did not deem it necessary to trouble the student with any inquiries, which, of all others, were most likely to sift his knowledge in botany. After these were removed from the scene, without any passing remark having been made to indicate their interest and importance, there followed *conium maculatum*, with its usual companion, *æthusa cynapium*. To distinguish the one from the other is a favourite question with the Examiners, and as great a bug-bear among students. On this point, as on the preceding, my answers were satisfactory, and evidently delighted the Examiner, who was graciously pleased to smile at the knowledge I had exhibited, and testified his approbation by what he meant as an expression of praise.

"Oh! come, Sir," said he, "you appear to know your botany pretty well!" This, proceeding from one who knew so little of the subject, might have been complimentary to one who was entirely ignorant of it, but to me, who had studied it for some years, and whose rambles had made me conversant with some hundreds of plants, I can assure you that it was not so; on the contrary, I felt not a little chagrined at being thought to know only a little of what I felt confident I knew a great deal. Had the examination ceased here, nothing would now be said about it, but, unluckily, a few more plants were exhibited, with the last of which I was unacquainted, and my ignorance on this point entirely overshadowed those forced smiles which had beamed upon the face of this *cheerful* botanist, and called forth an expression of surprise which was certainly amusing, if not ridiculous.

Ex. "You ought to know this common plant, Sir, the *rhamnus catharticus*."

Stud. "Well, Sir, I do not know it, and for the very best of all reasons, that I do not recollect to have seen it before."

Ex. "I am surprised that you should have been ignorant of *its name*, and though I feel satisfied with the previous part of your examination, I should strongly recommend you to look at your botany again."

I must confess that I felt very much hurt that this reproachful remark should fall from one with whom I considered myself to be at least an equal as a botanist; but I could not avoid feeling amused that a plant of such trifling and unimportant properties (a syrup of it being employed only occasionally as a mild purge for ladies' lapdogs), should have been the cause of his displeasure. The fact, however, is sufficient to confirm the propriety of the opinion formed of these worshipful gentlemen, and, with those that have preceded it, will corroborate the statement that they know as little of botany as of anything else; and I cannot help thinking that it would add much to their credit, and tend to maintain their peace of conscience (if that can be called "conscience" which delights in wounding the feelings of men who are younger than themselves in age, but older, perhaps, in experience), if they would look to the extent of their knowledge in botany before they censured those whose acquirements in this science may have been sufficiently tested by several men of eminence and high botanical repute.

It may be urged that this is merely a selected part from a long examination; neither am I unwilling to allow that it is so: but I wish it to be understood that the *whole* is made up of such parts, and that what the latter are, such the former must be.

Ample testimony might be adduced in confirmation of the truth of this assertion from the examinations of those who passed this ordeal on the same night with myself.

I am, Sir, your obedient servant,

VERITAS.

POOR LAW ACT.

INSOLENT CONDUCT OF GUARDIANS.

To the Editor of THE LANCET.

SIR:—As you take an interest in the working of the medical department of the New Poor Law, I have no doubt you will exhibit to your readers, and especially to those who may have an eye to attendance upon an Union district, *the degree of degradation to which the profession is reduced*, and this while acting under a charter which gives a right of practising, as a fully competent person, to all who are enrolled under it. Leaving it to its own merits, I have the honour to remain yours obediently,

VERAX.

Some time since one of the medical officers of the Eton Union having occasion to be absent from home for a few days, left, as his deputy, a most respectable gentleman, a member of the College of Surgeons and Apothecaries' Company, &c. This gentleman signed his name "*for the* Principal Mr. ———." Upon its being noticed, the following resolution was moved by Maurice Swabey, Esq. (formerly a police magistrate), and seconded by Mr. William Hexter, the writing-master to Eton College, also a magistrate, and both, therefore, ex-officio guardians.

"Eton Union, Sept. 5, 1837.

"At a meeting of the Board of Guardians this day, it was

"Resolved,—

"That the medical officers do not absent themselves from their duties without *obtaining permission* from the Board, and *submitting* the name of the gentleman they *propose* should act for them, who must be a member of the College of Surgeons."

Signed by the Clerk.

It is right to add, that this was done and sent without the previous sanction of the Poor Law Commissioners.

OPERATIONS BY MR. S. COOPER.

To the Editor of THE LANCET.

SIR:—As Mr. Tayloe has been so communicative on the subject of Mr. Samuel Cooper's practice in *one* instance at the *University College Hospital*, perhaps he will be so kind as to furnish you with an account of a case of diseased thumb which Mr. Cooper found it necessary, or thought it necessary, to amputate *at four different portions at one sitting*, and also to state what the result was of the *four separate amputations of one member*

at one sitting. Mr. Tayloe will, probably, also take the same opportunity to enlighten us on the subject of a tumour at the angle of the jaw, in another recent case, in which about one-half of the parotid, which was *unaffected by disease*, and to which the tumour adhered very loosely, was extirpated. He will, perhaps, oblige us by saying how many vessels were tied on the occasion, and in what condition the patient was afterwards left. We are induced to think here that all the bad surgery is not to be found among the Coopers in the Borough. Your obedient servant,

Guy's Hospital, Nov. 27. S. P.

BRITISH MEDICAL ASSOCIATION.

The Council assembled at *Exeter Hall*, Strand, on Tuesday evening last, and, after the names of several gentlemen had been read, with proposals for their admission as members of the Society, and a great deal of ordinary business had been transacted, the Council having first gone into a Committee on the Poor Laws, resolved themselves into a general meeting, when the President, Dr. Webster, explained his efforts in conjunction with Mr. Rumsey (of Chesham), and Mr. Ceely (of Aylesbury), in the cause which they had so much at heart, namely, that of relieving the profession from the numerous abuses connected with the administration of the medical department in the Unions under the New Poor Law. Mr. Rowe having made an important statement on the subject of the working of the law in the neighbourhood of Chigwell, Mr. Wakley arrived, and proceeded at once to explain the course he had taken in the House of Commons, and the arrangement which had been made for their future proceedings. He hoped that the gentlemen who might go before the Committee as witnesses would be fully prepared to explain the principles and details of a system which they might support as a substitute for the the mode of action now adopted by the Commissioners and Guardians.

Finally, it was agreed that another meeting of the Council should be held at *Exeter Hall*, on Saturday (this day), the 2nd of December, at 2 o'clock precisely, and that many gentlemen who have investigated this subject thoroughly, and had taken much interest in the question, should be invited to attend. After much discussion the meeting was adjourned to the above day and hour.

MEDICO-BOTANICAL SOCIETY.

Wednesday, Nov. 22, 1837.

Earl Stanhope, President.

ADVANTAGES OF MEDICAL BOTANY. — HOLLY-BARK, &c.

Mr. Johnson made some observations on the advantages resulting from the study of medical botany. He was sorry to say the labours of the Society he was addressing were not appreciated at home; abroad, however, it numbered among its correspondents names of the greatest distinction. The advantages of the study of botany were not immediately felt by the majority of medical practitioners, who were satisfied with obtaining their drugs from the wholesale druggist, and such herbs as they might require from Covent Garden. The physician, too, went on in his daily practice of prescribing remedies which he had been in the habit of employing for years, and never daring to employ new remedies. This was the cause of the indifference with which medical botany had been treated by the majority of the profession. The objects of the Society were, perhaps, not sufficiently understood; it was not established for the purpose of forwarding the knowledge of botany in the abstract, the locating of certain genera and species, but for the purpose of ascertaining and testing the effects of remedies,—one of the most important branches of the science of medicine, and which should and did call for the support of the medical profession. Yet, among the members and visitors to the Society, he was sorry to see, too frequently, that above one-half were not medical men. The variable action of similar kinds of plants depends on various circumstances which the medical practitioner should be aware of; such, for instance, as the season of the year at which they are gathered,—the different places of their growth,—the various parts of the same plant, &c., which had a material influence on the properties of them,—and yet were not attended to by medical men. Among other reasons why medical practitioners should study botany, he might mention that of the present general diffusion of knowledge; many persons studied botany as an amusement, and the medical man, who, it was generally considered, ought to be better informed than common, should not be behindhand in this science.

Earl Stanhope regretted the Society had not been supported to the extent its usefulness deserved, and that its labours had not been sufficiently appreciated. It was surely of importance to know that the bark of the common holly was as efficacious in curing intermittents as quinine,—a fact brought forward by a member of the Society; yet how little had it been thought of. The labours of the Society were not only of value to the medical profession, but to the public

at large, the health of whom it endeavoured by its labours to protect.

Dr. SIGMOND introduced a specimen of the "Plummer's pill" of the present Pharmacopœia. The simple substitution of treacle for syrup, in this preparation, produced a remarkable effect,—the pill, as at present prepared, being with difficulty made into the proper form for swallowing; a fact which many druggists had complained of.

Some specimens of senna, much adulterated, were exhibited.

WESTMINSTER MEDICAL SOCIETY.

Saturday, November 25, 1837.

DR. WILLIAMS, President.

PRETERNATURAL ENLARGEMENT OF THE BREASTS IN A MAN.—EUNUCHS AND THEIR PECULIARITIES.

Mr. HALE THOMSON brought forward the following case:—Thomas Rogers, ætat. 60, was admitted into the *Westminster Hospital* on the 17th of November. He states that two years and a half ago he went to Spain, in the 1st Regiment of the British Legion. About four months after he arrived he was engaged in a skirmish with the enemy, and his party being ordered to retreat, he was forced to endeavour to jump across an entrenchment, nine feet wide. In attempting this his foot slipped, and he came with great violence on his chest, against the opposite side of the earth, and was thrown on his back into the trench, a depth of nine feet. He there lay insensible for some time, and when picked up was found to be much bruised, and to have suffered some injury at the upper part of the spine, great pain being felt at the spinous process of the first cervical, and two upper dorsal vertebræ. He, however, joined his regiment next day, and continued on duty for three weeks. At this time he was seized with violent throbbing pain in both breasts, which began to enlarge, and became at last so painful that he was invalided, and sent to *Bilboa Hospital*, where he was leeched, and had soothing remedies applied, but without the pain being allayed; and, at the end of ten weeks, the mammæ had gradually enlarged to the size of those of the ordinary female breast, and such is the appearance that they now present. The gland in each is perfectly developed, with an areola around the nipple, and the blue veins on the skin are as characteristic as those of the breast of a female who has borne children. After the mammæ had become of the size of an orange, he discovered that the right testicle had diminished in size, and he experienced great pain in the groin of that side. Soon after this the left testicle began to be absorbed, and is now about half its natural size. Of the right testicle but little remains except the tunics, and the left has entirely lost its natural shape, and feels like a membranous sac slightly distended. His beard has very perceptibly changed from a strong rough one, which required the razor daily, to a soft weak state, requiring removal only once a week. He has never felt the slightest sexual desire since the accident, though he states that prior to it he was much addicted to women. His wife, by whom he had three children, has been dead five months. Some time ago he was in *St. George's Hospital*, and was treated for pain in the back. He now complains of general debility, pain in the loins, and weakness and tottering in his legs. His bladder is slightly affected, and is gradually losing its power.

Mr. Thomson introduced the man to the notice of the Society, as a curious instance of lesion, or injury of the upper part of the spinal chord, occasioning a specific change in the organs of generation. He conceived that the pathological condition of the spine sufficiently accounted for the physiological change in those organs, but whether the extraordinary development of the mammæ could be considered as arising from the same cause, he would leave for others to decide. Baron Larrey had related cases where injury to the cerebellum and upper portions of the spinal column were followed by wasting of the testicles, but he (Mr. T.) knew of no case of similar wasting of those organs, accompanied by simultaneous development of the mammæ. In this instance it seemed very like a freak of Nature, developing the female figure in a male, who was fast losing his own distinctive character. Some doubt had at first arisen in Mr. Thomson's mind, as to whether the breasts had really enlarged, as the man described them to have done; but from the private history which he gave of himself having been carefully traced, and found to be correct, and from the present pathological state of the spine, after accurate examination, there seemed not the slightest grounds for suspicion as to the truth of the man's statement. In early life he was a sailor, and was pressed on board H. M. S. *Malacca*, in the year 1808, and received his discharge in 1815. He is totally distinct in appearance from a person in whom depositions of fat had occasioned enlargement of the breasts, his enlargement being perfectly glandular.

The man exhibited himself to the members; he is rather stout made, about five feet eight inches in height, with a considerable stoop, arising from a posterior curvature of the upper dorsal and lower cervical vertebræ. His gait is shuffling; the muscles of the lower extremity are flaccid, and much diminished in size. His countenance retains a manly appearance, and still exhibits a moderate quantity of

whisker and beard, though he states that he has now only occasion to shave once a week, instead of daily, as he did before his accident. His voice is masculine. The mammæ present the appearance which is commonly observable in women after menstruation has ceased, being flabby and pendulous. The patient had never used iodine for any complaint.

Some discussion followed as to whether the enlargement of the mammæ might be considered a consequence of, or only coincident with, the degeneration of the testicle.

Dr. L. STEWART inquired whether the mammæ in eunuchs were more developed than in uncastrated individuals.

Dr. GRANVILLE had seen many eunuchs in this and other countries; they were frequently very much inclined to corpulence, and acquired a softness and delicacy of manner, but he never had heard or observed that the mammæ became at all enlarged.

Dr. BURGESS stated, that he had seen a man in Paris who, after taking large quantities of iodine, had his testicles much attenuated, while his breasts became unnaturally developed. This case was to be considered as an anomaly; iodine, as was well known in the generality of instances, affected the entire glandular system.

GLANDERS IN THE HUMAN SUBJECT.—SULPHATES OF IRON AND COPPER.—CREOSOTE.

Dr. BURGESS related the following case of glanders occurring in the human subject:—A man, aged 33, was admitted into *St. Thomas's Hospital*, on the 21st of July last, under the care of Mr. Tyrrell. The patient states that he is a groom, and had been for some weeks previous to his admission taking care of a glandered horse, that he had a puncture on one of his fingers at the time, and thinks he inoculated himself with matter from the horse. He drove his horse on the 9th of July, and on the 11th felt a sort of throbbing sensation in the ring-finger of the right hand. On examining it he perceived a dark spot round the puncture. Swelling of the second joint of the same finger followed immediately, and from thence passed on to his arm; so rapid was it in its course, that he was obliged to cut the sleeve of his coat to withdraw the arm at night. Poultices were applied until the tumour broke, which happened some days before his admission into the hospital. Shortly after the occurrence of the swelling in the right arm, the left leg began to swell also, but the tumefaction was of a more nodulated and hardened character than that on the arm, and did not proceed to suppuration. This state of things was accompanied with great constitutional disturbance; he was affected with frequent rigors, and suffered much from aching pains in all the limbs. This was his state on admission into the hospital; the ulceration has since extended from the ball of the thumb to about midway up the forearm, giving rise to an unhealthy sanious discharge; and his sufferings up to ten days since were not at all abated. He complains of incessant pain, which prevents him from sleeping, and feels excessively weak. Until about ten days since he has been taking iodine and sarsaparilla, with no benefit. Since then he has been taking about one grain of the sulphates of copper and of iron daily, with considerable advantage, the acute burning, and lancinating pains, which he describes as having harassed him at first, being much abated; there is, however, still great irritability of the system, loss of appetite, and a tendency to despond. He has a hoarseness and cough, which have only appeared within the last few days. Dr. Burgess stated, that he had seen the sulphates of copper and iron of great benefit when used in this disease occurring in the horse, and the good effects which had resulted from the use of this medicine in the instance he had just related, would warrant its being resorted to in similar cases. Might not the alum-wash, so successfully used as a prophylactic, in cases of dissection wounds, be employed for the same purpose in this affection? The similarity of the symptoms existing in glanders, with those resulting from dissection wounds, was so great, that Rayer considers that, in some instances, one disease has been mistaken for the other.

Mr. STREETER considered the intractable character of the ulceration in glanders, offered a material objection to that disease having a similarity with the results of dissection wounds.

Mr. G. BIRD was more inclined to the view taken by Rayer.

A MEMBER referred to the cases of chronic glanders treated by Dr. Elliotson, in which an injection of creosote up the nostrils succeeded in removing the disease.*

Mr. G. BIRD said, creosote in one hospital farther west than *Guy's*, had been used in all kinds of diseases, and, as was stated, had cured them also. In the latter establishment, however, the trials of the medicine, which had been very numerous, were invariably unsuccessful.

Dr. JOHNSON had to treat numbers of patients who had been "poisoned by the tar-water." It was said creosote relieved "vomiting," but this was an absurd way of talking, when we considered the number of causes on which vomiting depended. Would creosote relieve the vomiting arising from

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* These cases were published in the "Veterinarian," for January, 1835, and extracted into THE LANCET, vol. i., 1835-6, p. 594. They are also referred to in a paper by Dr. Elliotson, in vol. xix. of the "Transactions of the *Medico-Chirurgical Society*."—*Rept.* LANCET.

the passage of a biliary calculus? In cases of vomiting arising from an atonic and exhausted state of the stomach, it might occasionally be found of service.

Mr. Clarke had seen creosote administered as a remedy for vomiting dependant on an atonic state of the stomach, in numerous cases at the *North London Hospital*. It was not, however, given so indiscriminately as some professed to think, but, on the contrary, with the greatest care and caution, and hence the secret of its success. The medicine itself was undoubtedly a valuable one, if given in proper cases; it was by employing it in cases for which it was not suited, that its failure, in most instances, was to be attributed.

MEDICAL SOCIETY OF LONDON.

Monday, November 27, 1837.

Mr. Bryant, President.

CASE OF DEFICIENCY OF THE ANTERIOR PART OF THE SACRUM, WITH A THECAL SAC IN THE PELVIS, SIMILAR TO THE TUMOUR OF SPINA BIFIDA.

The following extraordinary case was r[illegible] lated by a distinguished surgeon, [illegible] name, at his own request, we omit[illegible] was anxious the case should not [illegible] nised by some parties to whom [illegible] tion might give, pain.

Early in the year 1835, he w[illegible] by a young woman, about twe[illegible] of age, respecting her abdome[illegible] hard and tumid, and projectin[illegible] right side than on the left, but [illegible] that of a woman in the last mo[illegible] nancy. She stated that from h[illegible] had been subject to enlargem[illegible] belly, which was sometimes larg[illegible] others; that she had been under [illegible] care until her friends could no longe[illegible] to pay, and therefore she had come to [illegible] as a gratuitous patient. Her appearanc[illegible] and manner were highly respectable, and she appeared more intelligent than women of her class usually are. He ordered iodine, very much diluted as an inunction, and after three or four months her size materially diminished. He lost sight of her for many weeks, and she then returned quite as large as at first, saying that she had been very ill, and that her doctor had told her with inflammation of the womb; that her abdomen immediately recommenced enlarging, and her bowels were obstinately constipated. He had before observed acute disease of the womb supervene on the continued use of iodine, and he was, therefore, deterred from again having recourse to that medicine, but he tried every known means to produce evacuation from the bowels. On examination *per vaginam*, and also by the rectum, he found both organs pressed upon by what he supposed to be the lower portion of the tumour. He also passed high up in the bowel an egg-shaped speculum, and was struck by the pain complained of on its withdrawal being much greater than that on passing it up, though he could not detect the cause. At this period, having become acquainted with a follower of Hahnemann, all means hitherto tried having failed, the relater of the case sent his patient to this gentleman, who, attributing the constipation to mechanical obstruction, promised no success, but said he would give, in such a case, sulphur, in Hahnemannic doses. It was given, and in about four or five days her bowels commenced to act, and the tumour of the abdomen gradually disappeared. An examination *per vaginam* was again instituted, and the same source of pressure on it and the rectum was detected, which pressure was attributed to the remains of the tumour. Although the finger passed fully up in front of the tumour, yet the os uteri at no time could be touched. The bowels were now opened, and the tumour was no longer apparent, though there was still great fullness of the abdomen. The patient felt herself quite well. He hoped [illegible] could continue. He did not [illegible] re than nine months, [illegible] ng that her bowels [illegible] ated, and that an- [illegible] rming, more on [illegible] parent through [illegible] and he again [illegible] bowels to act, [illegible] powerful pur- [illegible] ing the occa- [illegible] sage of mucus [illegible] dions were also [illegible] a little puru- [illegible] ses pass during [illegible] e abdomen con- [illegible] after about two [illegible] suspected she might [illegible] entleman under whose [illegible] t no time in procuring the opinion of an accoucheur on this point. The impossibility of reaching the os uteri rendered it very difficult for him to satisfy his mind on the subject. In a short time, however, premature labour commenced; the accoucheur was in immediate attendance. After some time the fœtus could be felt above the tumour, but the uterine and abdominal efforts to pass it were ineffectual. With considerable skill and patience the accoucheur succeeded in getting away the fœtus, of between five and six months, piecemeal. For two days there was reason to hope that the patient would have done well, but puerperal fever of the worst kind supervened, and she died on the fourth day after delivery.

Autopsy.—On opening the abdomen a large pouch came in view, reaching from

under the ensiform cartilage down into the pelvis, with the uterus lying in front, and having a band reaching from its fundus to the top of the pouch. The upper part of this pouch appeared like an over-distended stomach, but its lower end passing into the pelvis, and being confined there, proved that it could not be so. All anatomical recognition was at fault, and the greater part of the intestines were removed, to give a better opportunity of examining into the nature of the pouch. It was then found that the band which passed from the fundus of the uterus upwards, over the top of it, was a portion of omentum, since, by dividing the band and passing the pouch downward and forward, the stomach was brought into view, and the other portion of the band then seen to be connected with its greater curvature. The effects of peritoneal inflammation were extensively apparent, both of former and recent occurrence, the cavity containing a considerable quantity of dark-coloured lymph, and dark muddy fluid. The pouch, together with the pelvic viscera, was carefully removed, but with great difficulty, in consequence of the presence of a distinct sac containing fluid, in the pelvis, which it was desirable should be removed uninjured. The knife, though carefully pressed against the hollow of the sacrum, passed into the sac, and its fluid contents escaped. It was then found that this sac communicated with the vertebral canal, by means of a deficiency in the front of the sacrum, commencing one inch from the top of that bone, being two inches from the ligaments of the coccyx, which seemed to form the lower boundary of the opening, the transverse diameter of which was about one and a half inches. This cyst filled the cavity of the pelvis, and by obstructing the passage of the fæces, had converted the rectum into a pouch, which must have been gradually distended until it reached the diaphragm, carrying with it, aided by the pressure of the increasing cyst within the pelvis, the uterus and the bladder, so that the uterus and its appendages were in the cavity of the abdomen, instead of being in the cavity of the pelvis. The pouch so formed by the distended rectum filled a large wash-hand basin, which held about a gallon; and the cyst in the pelvis, which was the enlarged end of the theca lining the vertebral canal, must have contained upwards of a quart of fluid. The enlarged rectum commenced to form the pouch about four inches from the anus, where it immediately became most distended; and in the upper part, where it was placed in the hollow of the diaphragm, it became smaller and terminated in the sigmoid flexure, which was reflected back on the left side of the pouch till it reached its natural situation in the ileum, where it was bound down by peritoneum as usual. Beyond the evidence of peritoneal inflammation, both recent and of former occurrence, there seemed to be no disease, properly so called, either in the abdomen or pelvis.

"The secrets of the prison-house being thus exposed," said the relater of the case, "we naturally conclude that the inunction of mild iodine ointment was useful in the first instance only by friction, which, together with a well made abdominal bandage that I directed her to wear constantly, urged some portion of the feculent matter over the pelvic tumour, though I have no doubt the long-continued use of iodine, however small in quantity, excites acute disease of the womb. I cannot account for the beneficial effects of the small doses of sulphur, and merely mention her having taken them, as a portion of the history of the case; but that the bowels acted with regularity, and the whole abdominal tumour disappeared is certain, and but for the enlargement of the displaced uterus, pushed by the tumour upwards and forwards, would in all probability have continued. Friction was afterwards useful, though the dragging up of the rectum, or the constant use of lavements, or the non-necessity of a sphincter where nothing would pass, had destroyed the action of that muscle, for the opening had the appearance of an inverted cone, or a funnel, with its small point upwards. Had the case been previously understood, the bowels might have been diurnally relieved by a silver tube, which, being passed up, would have pressed the thecal bag upwards and backwards, and the fæces might have passed through it; the sac admitting of pressure in those directions, though pressure from above increased the obstruction."

The Accoucheur who attended during parturition, and who was consulted previously regarding the presence of pregnancy, stated, that he was not fully satisfied that this patient was really pregnant until the occurrence of the premature labour. He had never been able to reach the os uteri with his finger, and an enlargement of the veins of the mammæ, and a discolouration of the nipple, were the only symptoms of pregnancy which presented themselves. On being called to see her when premature labour came on, the symptoms of the first stage of parturition were unequivocal. He was called in the morning, and the pains continued regular during the day. He had much difficulty in tracing the progress of the labour. In the course of the day he felt the foot just above the pubis, and had much difficulty in seizing it. He succeeded, however, in doing so by means of a sound curved hook, and did not let it go until the whole of the fœtus was removed piecemeal. The head, however, escaped him, but was seized by the craniotomy forceps, broken up, and removed, pressure being made on the fundus of the

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CASE OF DEFICIENCY OF THE ANTERIOR PART OF THE SACRUM, WITH A THECAL SAC IN THE PELVIS, SIMILAR TO THE TUMOUR OF SPINA BIFIDA.

THE following extraordinary case was related by a distinguished surgeon, whose name, at his own request, we omit, as he was anxious the case should not be recognised by some parties to whom its publication might give pain.

Early in the year 1835, he was consulted by a young woman, about twenty-five years of age, respecting her abdomen, which was hard and tumid, and projecting more on the right side than on the left, but as large as that of a woman in the last month of pregnancy. She stated that from her birth she had been subject to enlargement of the belly, which was sometimes larger than at others; that she had been under medical care until her friends could no longer afford to pay, and therefore she had come to him as a gratuitous patient. Her appearance and manner were highly respectable, and she appeared more intelligent than women of her class usually are. He ordered iodine, very much diluted as an inunction, and after three or four months her size materially diminished. He lost sight of her for many weeks, and she then returned quite as large as at first, saying that she had been very ill, and that her doctor had told her with inflammation of the womb; that her abdomen immediately recommenced enlarging, and her bowels were obstinately constipated. He had before observed acute disease of the womb supervene on the continued use of iodine, and he was, therefore, deterred from again having recourse to that medicine, but he tried every known means to produce evacuation from the bowels. On examination *per vaginam*, and also by the rectum, he found both organs pressed upon by what he supposed to be the lower portion of the tumour. He also passed high up in the bowel an egg-shaped speculum, and was struck by the pain complained of on its withdrawal being much greater than that on passing it up, though he could not detect the cause. At this period, having become acquainted with a follower of Hahnemann, all means hitherto tried having failed, the relater of the case sent his patient to this gentleman, who, attributing the constipation to mechanical obstruction, promised no success, but said he would give, in such a case, sulphur, in Hahnemannic doses. It was given, and in about four or five days her bowels commenced to act, and the tumour of the abdomen gradually disappeared. An examination *per vaginam* was again instituted, and the same source of pressure on it and the rectum was detected, which pressure was attributed to the remains of the tumour. Although the finger passed fully up in front of the tumour, yet the os uteri at no time could be touched. The bowels were now opened, and the tumour was no longer apparent, though there was still great fullness of the abdomen. The patient felt herself quite well. He hoped the improvement would continue. He did not see her again for more than nine months, when she returned, saying that her bowels had again become constipated, and that another tumour was again forming, more on the left side. This was apparent through the parietes of the abdomen; and he again tried every method to get the bowels to act, from the mildest to the most powerful purgative, the latter only producing the occasional and uncontrollable passage of mucus tinctured with fæcula. Frictions were also had recourse to, after which a little purulent matter would sometimes pass during her sleep. The size of the abdomen continued to increase, and after about two months, as the patient suspected she might be pregnant, the gentleman under whose care she was, lost no time in procuring the opinion of an accoucheur on this point. The impossibility of reaching the os uteri rendered it very difficult for him to satisfy his mind on the subject. In a short time, however, premature labour commenced; the accoucheur was in immediate attendance. After some time the fœtus could be felt above the tumour, but the uterine and abdominal efforts to pass it were ineffectual. With considerable skill and patience the accoucheur succeeded in getting away the fœtus, of between five and six months, piecemeal. For two days there was reason to hope that the patient would have done well, but puerperal fever of the worst kind supervened, and she died on the fourth day after delivery.

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The Accoucheur who attended during parturition, and who was consulted previously regarding the presence of pregnancy, stated, that he was not fully satisfied that this patient was really pregnant until the occurrence of the premature labour. He had never been able to reach the os uteri with his finger, and an enlargement of the veins of the mammæ, and a discolouration of the nipple, were the only symptoms of pregnancy which presented themselves. On being called to see her when premature labour came on, the symptoms of the first stage of parturition were unequivocal. He was called in the morning, and the pains continued regular during the day. He had much difficulty in tracing the progress of the labour. In the course of the day he felt the foot just above the pubis, and had much difficulty in seizing it. He succeeded, however, in doing so by means of a sound curved hook, and did not let it go until the whole of the fœtus was removed piecemeal. The head, however, escaped him, but was seized by the craniotomy forceps, broken up, and removed, pressure being made on the fundus of the

uterus by an assistant, considerably above the pubis. During the progress of the case he had never been able to reach the os uteri. The placenta followed the head directly. Now, should the tumour, which was exceedingly hard and tense, have been punctured? In a case somewhat similar, related in "The Medical Repository," the tumour was situated between the rectum and sacrum, and offered great difficulties to delivery, which was effected by the feet. The tumour was subsequently perforated, and found to contain fluid, six ounces of which were drawn off. Alarming symptoms supervened, but the patient eventually recovered.

Mr. DENDY said Dr. Merriman had recorded some cases of tumour situate in front of the sacrum in pregnant women. In two or three of these cases the tumours were punctured, which operation exceedingly facilitated and accelerated parturition. He thought that in the case under consideration, puncturing the tumour, even though it was connected with the spine, would have afforded the best chance to the patient.

The RELATER of the case had not considered that the tumour was connected with the vertebral canal; he had his doubts whether or no it contained fluid—he had suspected ovarian disease. If such a case should again occur to him, he should certainly puncture the tumour. If the puncture, with a small trocar, was made through the rectum, then the contents of the sac escaping would, he thought, prevent any fæcal matter getting into the opening, which would eventually close.

Dr. J. JOHNSON, in reference to the effect of the small doses of sulphur said, it was quite clear they could have had no effect. The change in the state of the abdomen and the general improvement, were to be mainly attributed to a change in the relative position of the parts.

WESTMINSTER HOSPITAL.

LOOSE CARTILAGE IN THE KNEEJOINT.

CHARLES PATTISON, a tall, well-conditioned young man, 18 years of age, by trade an ivory-turner, was admitted on the 22nd of August, with lameness and enlargement of the left kneejoint. He remarked that he could feel something slipping about the joint from side to side. Upon examination a loose portion of cartilage, about the size of a large Windsor bean, was found to traverse the joint, taking great latitude from the outer to the inner condyle of the femur, reaching from two to three inches above the patella, but never going below that bone. When at rest it was deep-seated on the outer side of the joint, and scarcely discoverable, but when forced to the inner side of the knee it came very near the surface, and its shape could be distinctly ascertained. The knee was much enlarged, the swelling being very elastic, without much inflammation, and having the appearance of infiltration of fluid into the cellular tissue. There was but little pain or uneasiness whilst the limb was at rest, but when in motion a dull obtuse pain was experienced, which increased with the continuance of action. He had never fallen, through sudden and acute pain, as is usually the case with those similarly affected; believes that it originated in a blow against the lathe-wheel, about four months ago; he did not experience much uneasiness at the time, and had, indeed, almost forgotten the circumstance till about six weeks afterwards, when his attention was drawn to it by considerable pain and enlargement, and about the same time he perceived the moveable body within the joint.

On admission he was put to bed, aperients were given, and sedative lotions were applied; when the inflammation abated the *ung. hydrarg. fort.* with *camphor*, was used with the view of producing absorption. Having continued these means for four or five weeks, with but little effect, my colleagues concurring, I resolved upon extracting the loose body. With this view, having placed him in a suitable position, and the cartilage being forced to the inner side the knee, it there being most superficial, an incision was made upon it through its whole length. The first incision discovered the white body glistening underneath, and upon another touch of the knife it shot out with a force that projected it some inches from its seat; the lips of the wound were immediately pinched together and secured by adhesive plaster, a bandage was then applied with a splint below the knee to prevent motion, and he was removed to bed. On visiting him next morning, no pain or inconvenience was complained of; the part was cool and without any appearance of inflammation. In a few days part of the dressing was removed, a very trifling discharge was found to have taken place, and the wound appeared to be fast uniting. In a few days more the patient left the hospital.

The cartilaginous body is deposited in the museum of the School of the *Westminster Hospital*.

W. B. LYNN.

TO CORRESPONDENTS.

Letters and communications have been received from *Mr. Pritchard*, of Hereford; *Discipulus*; *A. C. F.*; and *Dr. G. P. May*. We beg to remind several of our correspondents that, from amidst the vast number of communications which we daily receive, we are of necessity compelled to make a selection.

Dr. Hope, on Auscultation and Percussion, shall appear in our next Number.